

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # N06000002292 1. Entity Name APEX I CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 350 E. CROWN POINT RD. SUITE 1000 WINTER GARDEN, FL 34787	Mailing Address PO BOX 394 WINDERMERE, FL 34786
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DO NOT WRITE IN THIS SPACE



03252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5591740	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

APEX COMMERCE CENTER, LLC
350 E. CROWN POINT RD, SUITE 1000
WINTER GARDEN, FL 34787

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000872469 04/10/08-80040-005 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELWANI, YOGESH 350 E. CROWN POINT RD, SUITE 1000 WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHAR, GURPAL 6808 ROUTE 25A OYSTER BAY COVE, NY 11791
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DHALL, JATINDER 44 WEST PATENT ROAD BEDFORD HILLS, NY 10507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: PRES YOGESH MELWANI 3/25/08 4076548200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #