## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000002292

FILED Apr 21, 2009 Secretary of State

Entity Name: APEX I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

350 E. CROWN POINT RD. 350 E. CROWN POINT RD.

SUITE 1000 SUITE 1900

WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787

Current Mailing Address:

New Mailing Address:

PO BOX 394

WINDERMERE, FL 34786

FEI Number: 20-5591740 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: MELWANI, YOGESH Name: MELWANI, YOG

Address: 350 E. CROWN POINT RD, SUITE 1000 Address: 350 E. CROWN POINT RD, SUITE 1000

City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 JOHAR, GURPAL
 Name:

 Address:
 6808 ROUTE 25A
 Address:

 City-St-Zip:
 OYSTER BAY COVE, NY 11791
 City-St-Zip:

Title: TD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DHALL, JATINDER
 Name:

 Address:
 44 WEST PATENT ROAD
 Address:

 City-St-Zip:
 BEDFORD HILLS, NY 10507
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELWANI YOG PD 04/21/2009