

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005093

FILED  
Jan 25, 2007  
Secretary of State

**Entity Name:** ALAFAYA BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7751 KINGSPORTE PKWY  
SUITE 127  
ORLANDO, FL 32819

**New Principal Place of Business:**

5855 AMERICAN WAY  
ORLANDO, FL 32819

**Current Mailing Address:**

7751 KINGSPORTE PKWY  
SUITE 127  
ORLANDO, FL 32819

**New Mailing Address:**

5855 AMERICAN WAY  
ORLANDO, FL 32819

FEI Number: 20-4897293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUARTE, NORBERTO R  
7751 KINGSPORTE PKWY  
SUITE 127  
ORLANDO, FL 32819 US

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

DUARTE, NORBERTO R  
5855 AMERICAN WAY  
ORLANDO, FL 32819 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: NORBERTO DUARTE

01/25/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: DUARTE, NORBERTO R  
Address: 7751 KINGSPORTE PKWY SUIT 127  
City-St-Zip: ORLANDO, FL 32819

Title: SD ( ) Delete  
Name: BRAGA, MARIO  
Address: 7751 KINGSPORTE PKWY SUIT 127  
City-St-Zip: ORLANDO, FL 32819

Title: VD ( ) Delete  
Name: DE OLIVEIRA, MARIA A  
Address: 7751 KINGSPORTE PKWY SUIT 127  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: DUARTE, NORBERTO R  
Address: 5855 AMERICAN WAY  
City-St-Zip: ORLANDO, FL 32819

Title: SD (X) Change ( ) Addition  
Name: MAIRA, ANDRADE  
Address: 5855 AMERICAN WAY  
City-St-Zip: ORLANDO, FL 32819

Title: VD (X) Change ( ) Addition  
Name: BRAGA, MARIO  
Address: 5855 AMERICAN WAY  
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the 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: NORBERTO DUARTE

PTD

01/25/2007

Electronic Signature of Signing Officer or Director

Date