

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005093

FILED
May 01, 2008
Secretary of State

Entity Name: ALAFAYA BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5855 AMERICAN WAY
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5855 AMERICAN WAY
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 20-4897293 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Change (X) Addition
Name: ZEINI, ABDULAH
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 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

05/01/2008

Electronic Signature of Signing Officer or Director

Date