
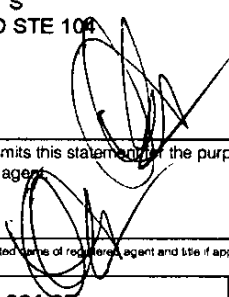
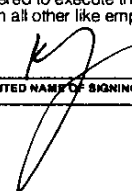


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2007 8:00 am
Secretary of State

07-03-2007 90030 001 ****30.62

07-03-2007 90030 002 ****30.63

DOCUMENT # N06000007796			
1. Entity Name SOUTHEAST 80TH STREET COMMERCIAL CENTER PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 1757 GLENWICK DR WINDERMERE, FL 34786		Mailing Address 1757 GLENWICK DR WINDERMERE, FL 34786	
2. Principal Place of Business - No P.O. Box # 11265 Bridgehouse Rd.		3. Mailing Address 11265 Bridgehouse Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Windermere, FL		City & State Windermere, FL	
Zip 34786	Country USA	Zip 34786	Country USA
6. Name and Address of Current Registered Agent FLANAGAN, GREGORY S 2701 SE MARICAMP RD STE 100 OCAL, FL 34471		7. Name and Address of New Registered Agent Name: Nagender Reddy Street Address (P.O. Box Number is Not Acceptable): 6601 S Magnolia Ave City: Ocala FL Zip Code: 34476	
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 reappointing)			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	F REDDY, KUCHAKULLA N 1757 GLENWICK DR WINDERMERE, FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11265 Bridgehouse Rd. Windermere, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REDDY, K. NAGENDER 6601 S MAGNOLA AVE OCALA, FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BILODEAU, KEVIN 22 WHITSON RD HUNTINGTON STATION, NY 11746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		6/4/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	