

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90331 001 ****30.63
04-30-2008 90331 002 ****30.63

DOCUMENT # N06000007796

1. Entity Name
**SOUTHEAST 80TH STREET COMMERCIAL CENTER
PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business

**11265 BRIDGEHOUSE RD
WINDERMERE, FL 34786**

Mailing Address

**11265 BRIDGEHOUSE RD
WINDERMERE, FL 34786**

66008855



04022008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NAGENDER, REDDY
6601 S MAGNOLIA AVE
OCALA, FL 34476**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	F REDDY, KUCHAKULLA N 11265 BRIDGEHOUSE RD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDY, K. NAGENDER 6601 S MAGNOLA AVE OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILODEAU, KEVIN 22 WHITSON RD HUNTINGTON STATION, NY 11746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/08 352-239-0914