

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90022 048 ****61.25

DOCUMENT # N06000008432
 1. Entity Name
 CINTAROSA COMMERCIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 300 PARK AVENUE NORTH, STE 200
 WINTER PARK, FL 32789

Mailing Address
 300 PARK AVENUE NORTH, STE 200
 WINTER PARK, FL 32789

60023103



02142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2187882	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 NORMAN, TODD ESQUIRE
 37 N ORANGE AVENUE, SUITE 200
 ORLANDO, FL 32801

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 _____ (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	DP WILLIAMS, LARRY E 300 PARK AVENUE NORTH, STE 200 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GOSSMAN, STEPHEN 300 PARK AVENUE NORTH, STE 200 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT WILLIAMS, ZANE 300 PARK AVENUE NORTH, STE 200 WINTER PARK, FL 32789
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: *Larry E. Williams* 4/10/08 4076457380
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #