

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 8:00 am
Secretary of State

02-20-2007 90036 003 ****61.25

DOCUMENT # N06000009445 1. Entity Name ORMOND COMMERCE PARK CONDOMINIUM ASSOCIATION, INC.																																																																																																							
Principal Place of Business 1450 N. U.S. HWY 1 ORMOND BEACH, FL 32174		Mailing Address 1450 N. U.S. HWY 1 ORMOND BEACH, FL 32174																																																																																																					
2. Principal Place of Business - No P.O. Box # 1293 N US Hwy 1 Suite, Apt. #, etc. STE 3		3. Mailing Address 1293 N US Hwy 1 Suite, Apt. #, etc. STE 3																																																																																																					
City & State Ormond Beach, FL Zip 32174		City & State Ormond Beach, FL Zip 32174																																																																																																					
4. FEI Number 20-5881565		Applied For <input type="checkbox"/> Not Applicable																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																					
6. Name and Address of Current Registered Agent VANACORE, SCOTT 1450 N. U.S. HWY 1 ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1293 N. US Hwy 1 City FL Zip Code STE 3																																																																																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																							
Filing Fee is \$61.25 Due by May 1, 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																																																																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VANACORE, SCOTT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1450 N. U.S. HWY 1</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORMOND BEACH, FL 32174</td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VANACORE, TODD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1450 N. U.S. HWY 1</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORMOND BEACH, FL 32174</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BROCK, JEFFREY P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>444 SEABREEZE BLVD., SUITE 900</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAYTONA BEACH, FL 32118</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">[X] Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1293 N. US Hwy 1 STE 3</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>[X] Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1293 N. US Hwy 1 STE 3</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> </div>				TITLE	PD	<input type="checkbox"/> Delete	NAME	VANACORE, SCOTT		STREET ADDRESS	1450 N. U.S. HWY 1		CITY-ST-ZIP	ORMOND BEACH, FL 32174		TITLE	STD	<input type="checkbox"/> Delete	NAME	VANACORE, TODD		STREET ADDRESS	1450 N. U.S. HWY 1		CITY-ST-ZIP	ORMOND BEACH, FL 32174		TITLE	VD	<input type="checkbox"/> Delete	NAME	BROCK, JEFFREY P		STREET ADDRESS	444 SEABREEZE BLVD., SUITE 900		CITY-ST-ZIP	DAYTONA BEACH, FL 32118		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	[X] Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	1293 N. US Hwy 1 STE 3	CITY-ST-ZIP		TITLE	[X] Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	1293 N. US Hwy 1 STE 3	CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
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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: <u>Joseph T. Vanacore</u> Joseph T. Vanacore <u>2/1/07</u> <u>386-672-8285</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																							