2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009445

FILED Feb 12, 2009 Secretary of State

Entity Name: ORMOND COMMERCE PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1293 N US HWY 1 STE 3

ORMOND BEACH, FL 32174

Current Mailing Address: New Mailing Address:

1293 N US HWY 1 STE 3

ORMOND BEACH, FL 32174

FEI Number: 20-5881565 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 VANACORE, SCOTT
 VANACORE, JOHN S

 1293 N. US HWY 1
 1293 N. US HWY 1

 STE 3
 STE 3

ORMOND BEACH, FL 32174 US ORMOND BEACH, FL 32174 US

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: JOHN S. VANACORE 02/12/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 VANACORE, SCOTT
 Name:
 VANACORE, JOHN S

 Address:
 1293 N. US HWY 1 STE 3
 Address:
 1293 N. US HWY 1 STE 3

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:
 ORMOND BEACH, FL 32174

Title: STD () Delete Title: STD (X) Change () Addition
Name: VANACORE, TODD Name: VANACORE, JOSEPH T
Address: 1203 N. U.S. HWW 1 STE 3

 Address:
 1293 N. US HWY 1 STE 3
 Address:
 1293 N. US HWY 1 STE 3

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:
 ORMOND BEACH, FL 32174

Title: VD () Delete Title: VPD (X) Change () Addition

Name: BROCK, JEFFREY P Name: BROCK, JEFFREY P
Address: 444 SFARREFZE BLVD, SUITE 900 Address: 444 SFARREFZE BLVD, SUITE

Address: 444 SEABREEZE BLVD., SUITE 900 Address: 444 SEABREEZE BLVD., SUITE 900 City-St-Zip: DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118

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: JOHN SCOTT VANACORE PD 02/12/2009