
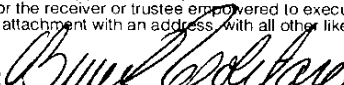


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90023 004 \*\*\*\*61.25

<b>DOCUMENT # N06000010227</b>					
<b>1. Entity Name</b> PARK PLACE AT HEATHROW BUILDING II COMMERCIAL CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1515 INTERNATIONAL PARKWAY SUITE 3001 LAKE MARY, FL 32746			<b>Mailing Address</b> 1515 INTERNATIONAL PARKWAY SUITE 3001 LAKE MARY, FL 32746		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-5661041	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PELLONI, BARTON J 1515 INTERNATIONAL PARKWAY SUITE 3001 LAKE MARY, FL 32746			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PSTD PELLONI, BARTON J <input checked="" type="checkbox"/> Delete 1515 INTERNATIONAL PARKWAY, SUITE 3001 LAKE MARY, FL 32746		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D, P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Napolitano, Bruce 1515 International Pkwy, Suite 1025 Lake Mary, FL 32746	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VP PELLONI, BARTON J <input checked="" type="checkbox"/> Delete 1515 INTERNATIONAL PARKWAY, SUITE 3001 LAKE MARY, FL 32746		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D, VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bertizlian, Bassem 1525 International Pkwy, Suite 4001 Lake Mary, FL 32746	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D PELLONI, JAMES E <input checked="" type="checkbox"/> Delete 1515 INTERNATIONAL PARKWAY, SUITE 3001 LAKE MARY, FL 32746		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gray Jr., John 1525 International Pkwy, Suite 4031 Lake Mary, FL 32746	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D PELLONI, JUSTIN J <input checked="" type="checkbox"/> Delete 1515 INTERNATIONAL PARKWAY, SUITE 3001 LAKE MARY, FL 32746		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Zito, Andrew 1525 International Pkwy, Suite 2071 Lake Mary, FL 32746	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					