

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011454

FILED
Aug 27, 2008
Secretary of State

Entity Name: LAUREL STREET COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5402-5424 WEST LAUREL STREET
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

1301 EAST 9TH STREET
SUITE 2210
CLEVELAND, OH 441141864 US

New Mailing Address:

FEI Number: 26-0793532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BANKOWITZ, JEFFREY T ESQ
LOWNDES DROSDICK DOSTER KANTOR & REED PA
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NICE, WILLIAM P JR
Address: 1301 EAST NINTH STREET STE 2210
City-St-Zip: CLEVELAND, OH 441141864 US

Title: D () Delete
Name: BIGGAR, ROBERT M
Address: 1301 EAST NINTH STREET STE 2210
City-St-Zip: CLEVELAND, OH 441141864 US

Title: D () Delete
Name: WAGNER, DAVID C
Address: 1301 EAST NINTH STREET STE 2210
City-St-Zip: CLEVELAND, OH 441141864 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM P NICE JR

DIRE

08/27/2008

Electronic Signature of Signing Officer or Director

Date