2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State
04-23-2008 90012 028 ****61.25

DOCUMENT # N06000012239

1. Entity Name
3727 GOLDENROD PROFESSIONAL OFFICE CONDOMINIUM ASSOCIATION, INC.

40077182 ATTWOOD-PHILLIPS, INC.

Principal Place of Business	Mailing Address
926 GREAT POND DR., SUITE 2003 ALTAMONTE SPRINGS, FL 32714	~~926 GREAT POND DR., SUITE 2003~~ ~~ALTAMONTE SPRINGS, FL 32714~~

04082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1350 Orange Ave	1350 Orange Ave
Suite, Apt. #, etc.: 100	Suite, Apt. #, etc.: 100
City & State: Winter Park FL	City & State: Winter Park FL
Zip: 32789 Country: USA	Zip: 32789 Country: USA

4. FEI Number: 20-8926747 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~KATSUR, JAMES T~~ ~~176 SHADOW BAY BLVD. SOUTH~~ ~~LONGWOOD, FL 32779~~	Name: Attwood Phillips Inc Street Address (P.O. Box Number is Not Acceptable): 1350 Orange Ave #100 City: Winter Park FL Zip Code: 32789

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KATSUR, JAMES T 176 SHADOW BAY BLVD. SOUTH LONGWOOD, FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GREENBERG, ANDY 3129 CECELIA DR. APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KATSUR, JUSTIN 3628 ETHAN LANE ORLANDO, FL 32814	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Jim T. Katsur 4.10.2008 407.772-5127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #