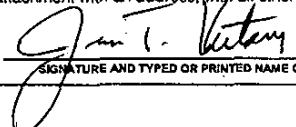


FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90012 028 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N06000012239			
1. Entity Name 3727 GOLDENROD PROFESSIONAL OFFICE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 926 GREAT POND DR., SUITE 2003 ALTAMONTE SPRINGS, FL 32714		Mailing Address 926 GREAT POND DR., SUITE 2003 ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business - No P.O. Box # 1350 Orange Ave Suite, Apt. #, etc. 100		3. Mailing Address 1350 Orange Ave Suite, Apt. #, etc. 100	
City & State Winter Park FL		City & State Winter Park FL	
Zip 32789	Country USA	Zip 32789	Country USA
6. Name and Address of Current Registered Agent KATSUR, JAMES T 176 SHADOW BAY BLVD. SOUTH LONGWOOD, FL 32779		7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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 CECILIA 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: 		4.10.2008 407.772.5127	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	