


**FILED**  
**Aug 17, 2007 8:00 am**  
**Secretary of State**

66021018

<b>DOCUMENT # N06000012357</b>			
<b>1. Entity Name</b> ELITE COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.			
<b>Principal Place of Business</b> 7680 UNIVERSAL BOULEVARD SUITE 380 ORLANDO, FL 32819		<b>Mailing Address</b> 7680 UNIVERSAL BOULEVARD SUITE 380 ORLANDO, FL 32819	
<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>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
CAMPESE, JEFF 3306 MAGGIE BOULEVARD SUITE A ORLANDO, FL 32811		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>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<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	<b>PD</b> BATES, DAVID 7680 UNIVERSAL BLVD. #380 ORLANDO, FL 32819 <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	<b>VD</b> HUBBARD, JOHN 7680 UNIVERSAL BLVD. #380 ORLANDO, FL 32819 <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	<b>STD</b> CAMPESE, JEFF 7680 UNIVERSAL BLVD. #380 ORLANDO, FL 32819 <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
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<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> _____ <small>Signature and Typed or Printed Name of Signing Officer or Director</small>		<b>8-18-07 407-351-2330</b> <small>Date Daytime Phone #</small>	