

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90066 025 ****61.25

DOCUMENT # N06000012357

1. Entity Name
**ELITE COMMERCE CENTER CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**7680 UNIVERSAL BOULEVARD
SUITE 380
ORLANDO, FL 32819**

Mailing Address
**7680 UNIVERSAL BOULEVARD
SUITE 380
ORLANDO, FL 32819**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
26-0710875

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAMPESE, JEFF
3306 MAGGIE BOULEVARD
SUITE A
ORLANDO, FL 32811**

**DO NOT WRITE
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BATES, DAVID
STREET ADDRESS 7680 UNIVERSAL BLVD. #380
CITY-ST-ZIP ORLANDO, FL 32819

TITLE VD
NAME HUBBARD, JOHN
STREET ADDRESS 7680 UNIVERSAL BLVD. #380
CITY-ST-ZIP ORLANDO, FL 32819

TITLE STD
NAME CAMPESE, JEFF
STREET ADDRESS 7680 UNIVERSAL BLVD. #380
CITY-ST-ZIP ORLANDO, FL 32819

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-08

407-351-2330