2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002419

FILED Apr 24, 2009 Secretary of State

Entity Name: NOVA COMMERCIAL PROPERTIES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

555 W. GRANADA BLVD., SUITE A-9 ORMOND BCH, FL 32174

Current Mailing Address: New Mailing Address:

555 W. GRANADA BLVD., SUITE A-9
ORMOND BCH, FL 32174

555 W.GRANADA BLVD SUITE A-9
ORMOND BCH, FL 32174

FEI Number: 20-8971735 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SULLIVAN, PATRICK E
1870 W. GRANADA BLVD., SUITE A-9
SULLIVAN, PATRICK E
554 N OLEANDER AVE

ORMOND BCH, FL 32174 US DAYTONA BEACH, FL 32118 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: 04/24/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name:SULLIVAN, PATRICK EName:SULLIVAN, PATRICK EAddress:1870 W. GRANDA BLVD., SUITE A-9Address:554 N OLEANDER AVECity-St-Zip:ORMOND BCH, FL 32174City-St-Zip:DAYTONA BEACH, FL 32118

Title: VD () Delete Title: () Change () Addition

 Name:
 RILEY, ROB
 Name:

 Address:
 168 OAK GROVE ST.
 Address:

 City-St-Zip:
 ORMOND BCH, FL 32176
 City-St-Zip:

Title: STD () Delete Title: () Change () Addition

 Name:
 KRAMER, HARRIET
 Name:

 Address:
 200 RIVER BLUFF DR.
 Address:

 City-St-Zip:
 ORMOND BCH, FL 32174
 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: PATRICK SULLIVAN PD 04/24/2009