

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003447

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: OCOEE BUSINESS PARK COMMERCIAL LAND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O KEATING AND SCHLITT, P.A.  
250 E COLONIAL DR, STE 300  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KEATING AND SCHLITT, P.A.  
250 E COLONIAL DR, STE 300  
ORLANDO, FL 32801

**New Mailing Address:**

FEI Number: 20-8779623      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KEATING, JOHN KINGMAN  
C/O KEATING AND SCHLITT, P.A.  
250 E COLONIAL DR, STE 300  
ORLANDO, FL 32801 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BROWN, WILLIAM A  
Address: 106 WEST STANLEY STREET  
City-St-Zip: TAMPA, FL 33604

Title: DT ( ) Delete  
Name: GORDY, C. BRUCE  
Address: 1216 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: DS ( ) Delete  
Name: KEATING, JOHN KINGMAN  
Address: 749 N GARLAND AVE, STE 101  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: WILLIAM A. BROWN

DP

02/25/2009

Electronic Signature of Signing Officer or Director

Date