2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# N07000005405

Entity Name: MONROE IV COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2200 LUCIEN WAY
SUITE 350
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

PO BOX 940877
MAITLAND, FL 32794

New Mailing Address:

FEI Number: 26-0301196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSWALD & OSWALD, P.L.
ATTN: KENNETH F OSWALD
222 S WESTMONTE DRIVE, SUITE 210
ALTAMONTE SPRINGS, FL 32714 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: PD ( ) Delete
Name: SCHIEFERDECKER, HOWARD
Address: 2200 LUCIEN WAY, SUITE 350
City-St-Zip: MAITLAND, FL 32751

Title: VPD ( ) Delete
Name: LIVINGSTON, GEORGE D
Address: 2200 LUCIEN WAY, SUITE 350
City-St-Zip: MAITLAND, FL 32751

Title: STD ( ) Delete
Name: LONGSTAFF, G GEOFFREY
Address: 2200 LUCIEN WAY, SUITE 350
City-St-Zip: MAITLAND, FL 32751

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: D ( ) Change (X) Addition
Name: ELIAS, DANIEL
Address: 1692 SHADOWMOSS CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Change (X) Addition
Name: STARKE, MICHAELA
Address: 4240 CHURCH STREET, SUITE 1202
City-St-Zip: SANFORD, FL 32771

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: ROBIN J. WEEKS MGR 03/29/2009

Electronic Signature of Signing Officer or Director — Date