

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000008000

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** AIRPORT CORPORATE CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

267 OLD MOODY BLVD  
PALM COAST, FL 32164

**New Principal Place of Business:**

279 OLD MOODY BLVD  
PALM COAST, FL 32164

**Current Mailing Address:**

267 OLD MOODY BLVD  
PALM COAST, FL 32164

**New Mailing Address:**

279 OLD MOODY BLVD  
PALM COAST, FL 32164

**FEI Number:** 26-2865740

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, RICH  
267 OLD MOODY BLVD  
PALM COAST, FL 32164 US

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

SMITH, RICH  
279 OLD MOODY BLVD  
PALM COAST, FL 32164 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: \_\_\_\_\_

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SMITH, RICH  
Address: 279 OLD MOODY BLVD  
City-St-Zip: PALM COAST, FL 32164

Title: VPD  
Name: SMITH, LISA  
Address: 279 OLD MOODY BLVD  
City-St-Zip: PALM COAST, FL 32164

Title: STD  
Name: CONNER, TIMOTHY J  
Address: 4488 N OCEANSHORE BLVD  
City-St-Zip: PALM COAST, FL 32137

I hereby 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 all other like empowered.

SIGNATURE: RICH SMITH

PD

04/27/2011

Electronic Signature of Signing Officer or Director

Date