

2008 NON-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 08:00 AM
Secretary of State

DOCUMENT # N07941

1. Entity Name

**JOHN RODES COMMERCE PARK CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**1127 S. PATRICK DR. #18
SATELLITE BCH FL 32937**

Mailing Address

**1127 S. PATRICK DR. #18
SATELLITE BCH FL 32937**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2778567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUSSELL, BRYAN
1127 S. PATRICK DR., #18
SATELLITE BEACH FL 32937**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 the applicable

(NOTE: Registered Agent Signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to:
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D RUSSELL, BRYAN**
STREET ADDRESS **700 S. JOHN RODES #A1**
CITY- ST- ZIP **MELBOURNE FL**

☐ Change ☐ Addition
**U000000825566
02/21/08-80014-024 61.25**

TITLE ☐ Delete
NAME **D HERBERT, THOMAS**
STREET ADDRESS **700 S. JOHN RODES, #D5**
CITY- ST- ZIP **MELBOURNE FL**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME **D SIEGLER, BOBBY**
STREET ADDRESS **700 S JOHN RODES BLVD**
CITY- ST- ZIP **MELBOURNE FL 32904**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] **BRYAN RUSSELL**

2/10/08 (321)723-2723