2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004933

Apr 29, 2009 Secretary of State

Entity Name: SOUTH ORANGE COMMERCE CENTER LANDSITE CONDOMINIUM ASSOCIATION, INC.

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

8 BROADWAY, SUITE 218 117-B BROADWAY KISSIMMEE, FL 34741 KISSIMMEE, FL 34741

Current Mailing Address: New Mailing Address:

8 BROADWAY, SUITE 218 117-B BROADWAY KISSIMMEE, FL 34741 KISSIMMEE, FL 34741

FEI Number: 26-2900864 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:

PARSONS, DALE
8 BROADWAY, SUITE 218
KISSIMMEE, FL 34741 US

PARSONS, DALE
117-B BROADWAY
KISSIMMEE, FL 34741 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: 04/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: PARSONS, DALE PARSONS, DALE

Address: 8 BROADWAY, SUITE 218 Address: 117-B BROADWAY
City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: KISSIMMEE, FL 34741

Title: DV () Delete Title: DV (X) Change () Addition Name: PARSONS, RYAN Name: PARSONS, RYAN

Address: 8 BROADWAY, SUITE 218 Address: 117-B BROADWAY
City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: KISSIMMEE, FL 34741

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

 Name:
 SANDRONI, JOHN
 Name:
 SANDRONI, JOHN

 Address:
 8 BROADWAY, SUITE 218
 Address:
 117-B BROADWAY

 City-St-Zip:
 KISSIMMEE, FL 34741
 City-St-Zip:
 KISSIMMEE, FL 34741

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: DALE PARSONS P 04/29/2009