

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011221

FILED
Feb 06, 2012
Secretary of State

Entity Name: ALDI OVIEDO COMMERCIAL ASSOCIATION, INC.

Current Principal Place of Business:

1268 ALAFAYA TRAIL
OVIEDO, FL 32765

New Principal Place of Business:

1268 ALAFAYA TRAIL
OVIEDO, FL 32765 UN

Current Mailing Address:

P.O. BOX 97
HAINES CITY, FL 33845

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ALDI (FLORIDA) LLC
2651 STATE ROAD 17 SOUTH
HAINES CITY, FL 33844 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: DCPT
Name: POVLUCK, JASON
Address: 2651 STATE ROAD 17 SOUTH
City-St-Zip: HAINES CITY, FL 33844

Title: DVC
Name: MOJA, ROBERT
Address: 1201 ALAFAYA TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: D
Name: KASTL, ADAM
Address: 2651 STATE ROAD 17 SOUTH
City-St-Zip: HAINES CITY, FL 33844

Title: VPS
Name: MOJA, ROBERT
Address: 1201 ALAFAYA TRAIL
City-St-Zip: OVIEDO, FL 32765

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: JASON POVLUCK

DCPT

02/06/2012

Electronic Signature of Signing Officer or Director

Date