## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # N12028 Mar 26, 2007 08:00 AM 1. Entity Namo Secretary of State CORPORATE SQUARE PLAZA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 840 WATERWAY PL LONGWOOD FL 32750 840 WATERWAY PL LONGWOOD FL 32750 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & Stato Applied For 4. FEI Number 59-3349701 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HATTAWAY, J.M. Street Address (P.O. Box Number is Not Acceptable) 840 WATERWAY PLACE LONGWOOD FL 32750 Zip Codo 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Change Addition NAME. HATTAWAY, MIKE NAME STREET ADDRESS 840 WATERWAY PLACE STREET ADDRESS CITY-ST-71P LONGWOOD FL 32750 CITY-SI-ZIP 000000530074 change 04/03/07-80062-011 61.25 THE DVP ☐ Delete TITLE ■ Addition NAME HATTAWAY, JAMES A NAME STREET ADDRESS STREET ADDRESS 840 WATER WAY PLACE CITY-ST-ZIP CITY+ST-ZIP LONGWOOD FL 32750 ☐ Delele ШП ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete mu ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutos. 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 regard effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 1. Figure 119. 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.

J.m. Kattawan

SIGNATURE: \_

FILED

407-831-7500