

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90021 048 \*\*\*\*61.50

<b>DOCUMENT #N15385</b> 1. Entity Name <b>GOLDENROD PLAZA OFFICE CONDOMINIUM, INC.</b>																																																																																																																													
Principal Place of Business <b>4063 N. GOLDENROD ROAD</b> <b>WINTER PARK, FL 32792 US</b>			Mailing Address <b>59 INTERLAKEN RD.</b> <b>ORLANDO, FL 32804 US</b>																																																																																																																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																																																											
City & State  Zip      Country		City & State  Zip      Country																																																																																																																											
4. FEI Number <b>58-2007236</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																																																																																																									
6. Name and Address of Current Registered Agent  <b>POLASEK, JOHN C JR.</b> <b>1015 MAITLAND CENTER COMMONS, STE. 118</b> <b>MAITLAND, FL 32751</b>			7. Name and Address of New Registered Agent Name <u>POLASEK JOHN JR.</u> Street Address (P.O. Box Number is Not Acceptable) <u>620 N. Wymore Rd. Ste. 210</u> City <u>Maitland FL</u> <u>FL</u> Zip Code <u>32751</u>																																																																																																																										
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE <u><i>John C. Polasek Jr.</i></u>  <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;">           DATE <u>2/27/08</u> </div> </div>																																																																																																																													
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">PSD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>POLASEK, JOHN C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>59 INTERLAKEN RD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32804</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VST</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>POLASEK, ANN E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>59 INTERLAKEN RD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32804</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MANN, DAVID J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4063 GOLDENROD BLVD., #6</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER PARK, FL 32792</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">POLASEK JOHN C. JR.</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>620 N. Wymore Rd. Ste. 210</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Maitland FL 32751</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PSD	<input type="checkbox"/> Delete	NAME	POLASEK, JOHN C		STREET ADDRESS	59 INTERLAKEN RD.		CITY-ST-ZIP	ORLANDO, FL 32804		TITLE	VST	<input type="checkbox"/> Delete	NAME	POLASEK, ANN E		STREET ADDRESS	59 INTERLAKEN RD.		CITY-ST-ZIP	ORLANDO, FL 32804		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	MANN, DAVID J		STREET ADDRESS	4063 GOLDENROD BLVD., #6		CITY-ST-ZIP	WINTER PARK, FL 32792		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	POLASEK JOHN C. JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	620 N. Wymore Rd. Ste. 210		CITY-ST-ZIP	Maitland FL 32751		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PSD	<input type="checkbox"/> Delete																																																																																																																											
NAME	POLASEK, JOHN C																																																																																																																												
STREET ADDRESS	59 INTERLAKEN RD.																																																																																																																												
CITY-ST-ZIP	ORLANDO, FL 32804																																																																																																																												
TITLE	VST	<input type="checkbox"/> Delete																																																																																																																											
NAME	POLASEK, ANN E																																																																																																																												
STREET ADDRESS	59 INTERLAKEN RD.																																																																																																																												
CITY-ST-ZIP	ORLANDO, FL 32804																																																																																																																												
TITLE	D	<input checked="" type="checkbox"/> Delete																																																																																																																											
NAME	MANN, DAVID J																																																																																																																												
STREET ADDRESS	4063 GOLDENROD BLVD., #6																																																																																																																												
CITY-ST-ZIP	WINTER PARK, FL 32792																																																																																																																												
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE	POLASEK JOHN C. JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS	620 N. Wymore Rd. Ste. 210																																																																																																																												
CITY-ST-ZIP	Maitland FL 32751																																																																																																																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.																																																																																																																													
<b>SIGNATURE:</b> <u><i>John C. Polasek</i></u> <b>JOHN C. POLASEK</b> <u>1-23-08</u> <u>1-407-293-1934</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>																																																																																																																													

40035727



01232008 Chg-NP CR2E037 (12/06)