FILED Jul 06, 2004 8:00 am Secretary of State 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N20471 07-06-2004 90001 040 ****61.25 THE CENTER OF COMMERCE AT ORLANDO OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 1900 SUMMIT TOWER BLVD 1900 SUMMIT TOWER BLVD 54059761 SUITE 750 SUITE 750 ORLANDO, FL 32801 US ORLANDO, FL 32801 US 03292004 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2965059 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOLDENBERG, NANCY DO_NOT_WRITE 1900-SUMMIT-TOWER-BLVD SUITE 750 IN THIS SPACE ORLANDO, FL 32801 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 title if applicable (NOTE: Registered Agent signature required when reinstation) DATE 9. Election Campaign Financing **\$5.00** May Be Filing Fee is \$61.25 Trust Fund Contribution. Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GOLDENBERG, NANCY STREET ADDRESS 1900 SUMMIT TOWER BLVD, STE 750 CITY-ST-ZIP ORLANDO, FL 32810 TITLE ST NAME PEREAU, CHARLENE STREET ADDRESS 1900 SUMMIT TOWER BLVD, STE 750 CITY-ST-ZIP ORLANDO, FL 32810 TITLE D NAME BLACKWELL, RUSSEL STREET ADDRESS 65 E STATE STREET, STE 1750 DO NOT WRITE CITY-ST-ZIP COLUMBUS, OH 43215 TITLE NAME SMITH, REBECCA S STREET ADDRESS 3424 PEACHTREE RD NE, STE 300 CITY-ST-ZIP ATLANTA, GA 30326 TITLE NAME HARRIS, CHRIS STREET ADDRESS 3424 PEACHTREE RD NE, STE 300 CITY-ST-ZIP ATLANTA, GA 30326

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

BRAN E.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

THOMAS

901-248-7260

Daytime Phone #

407-618-1288

Affachmer t

54059761

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood Secretary of State

June 17, 2004

THE CENTER OF COMMERCE AT ORLANDO OWNERS' ASSOCIATION, 1900 SUMMIT TOWER BLVD SUITE 750 ORLANDO, FL 32801 US

SUBJECT: THE CENTER OF COMMERCE AT ORLANDO OWNERS' ASSOCIATION, INC.
Ref. Number: N20471

We have received your document for THE CENTER OF COMMERCE AT ORLANDO OWNERS' ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$61.25.

You failed to make the correction(s) requested in our previous letter.

The fee to file the enclosed nonprofit annual report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

We will need a copy of your cancelled check both front and back in order to file this document. Our office do not show record of payment.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Ruby Dunlap Document Specialist

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Letter Number: 504A00040663

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

PRJ 038993251 COC Owners Association #1

DIVISION OF CORPORATIONS

TALLAHASSEE, FL 32302-1500

SPECIAL HANDLING

Affachment

STUB# 1189 CHECK# 1189

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