


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N23158 1. Entry Name MARY JESS COMMERCE CENTER PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business % JIM FORD 5524 COMMERCE DRIVE ORLANDO FL 32839 US		Mailing Address % JIM FORD 5524 COMMERCE DRIVE ORLANDO FL 32839 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 59-2790841		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DRAGE, THOMAS B., JR. 116 ORANGE AVENUE ORLANDO FL 32802			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDDY, DAVID A. <input type="checkbox"/> Delete 5500 COMMERCE DRIVE ORLANDO FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, JIM <input type="checkbox"/> Delete 5524 COMMERCE DRIVE ORLANDO FL 32839				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEACON, OREN <input type="checkbox"/> Delete 5611 COMMERCE DRIVE ORLANDO FL 32839				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FORD, JIM <input type="checkbox"/> Delete 5524 COMMERCE DRIVE ORLANDO FL 32839				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000016006 01/28/04-80037-015 61.25					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					

12. 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.

SIGNATURE:  **1/20/04** **(407) 851 5848**