

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N23158

1. Entity Name
**MARY JESS COMMERCE CENTER PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**% JIM FORD
5603 COMMERCE DRIVE
ORLANDO, FL 32839 US**

Mailing Address
**% JIM FORD
5603 COMMERCE DRIVE
ORLANDO, FL 32839 US**



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2790841	Applied For Not Applicable
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**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EDDY, DAVID A.
STREET ADDRESS	5500 COMMERCE DRIVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	FORD, JIM
STREET ADDRESS	5524 COMMERCE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	SD
NAME	DEACON, OREN
STREET ADDRESS	5611 COMMERCE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	TD
NAME	FORD, JIM
STREET ADDRESS	5524 COMMERCE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000778058
01/11/08-80023-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Jim Ford* **Jim Ford**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08 (407) 760 6153
Date Daytime Phone #