2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008
Secretary of State

DOCUMENT# N26563

Entity Name: CONROY COMMONS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5385 CONROY ROAD
200
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

5385 CONROY ROAD
200
ORLANDO, FL 32811 US

New Mailing Address:

FEI Number: 59-2851065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOWLES, KIMBERLY A
5385 CONROY RD, SUITE 200
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MOODY, PETER
Address: 5385 CONROY RD. SUITE 100
City-St-Zip: ORLANDO, FL 32811

Title: D ( ) Delete
Name: BOWLES, KIMBERLY
Address: 5385 CONROY RD, SUITE 200
City-St-Zip: ORLANDO, FL 32811

Title: D ( ) Delete
Name: LI, DAO-FANG
Address: 5385 CONROY RD, SUITE 102
City-St-Zip: ORLANDO, FL 32811

Title: D ( ) Delete
Name: MOORJANI, ARUN
Address: 5385 CONROY RD, SUITE 101
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY A BOWLES D 02/06/2008

Electronic Signature of Signing Officer or Director — Date