
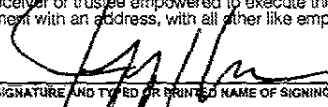


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # N40375		
1. Entity Name OCOEE COMMERCIAL PARK PROPERTY OWNERS' ASSOCIATION, INC.		
Principal Place of Business 10945 W COLONIAL DR OCOEE, FL 34761 US	Mailing Address C/O JEFF KRISAN 10945 W COLONIAL DR OCOEE, FL 34761 US	
DO NOT WRITE IN THIS SPACE		
		01172007 No Chg-NP CR2E037 (4/06)
4. FEI Number 59-3040649		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fees Required
6. Name and Address of Current Registered Agent DANIELS, D JERE F 200 W WELBOURNE SUITE 4 WINTER PARK, FL 32789		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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WINGATE, DONALD A. 110 MERICAM COURT KILLARNEY, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRISAN, JEFF 2313 ROAT DR. ORLANDO, FL 32835	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURLINGHAM, BILL 2741 CULLEN COURTE OCOEE, FL 34761	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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.		
SIGNATURE:  JEFF KRISAN		1/17/07 407-656-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #