


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N92000000347 1. Entity Name MERCATOR CONDOMINIUM BUSINESS PARK OWNER'S ASSOCIATION, INC.			
Principal Place of Business 2302 MERCATOR DRIVE UNIT 101 ORLANDO FL 32807 US		Mailing Address 5700 DOT COM COURT OVIEDO FL 32765 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-3172118		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent NATHOO, DALSUKH 479 ZUREIQ POINT OVIEDO FL 32765		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	

FILE NOW: 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 Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete NATHOO, DALSWKH 5700 DOT COM COURT OVIEDO FL 32765	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000766167 06/12/07-80004-009 61.25
NAME	VPD <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	GEIB, EDWARD M JR.	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	4700 HALL ROAD	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ORLANDO FL 32817		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	TD <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	GEIB, NANCY J		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4700 HALL ROAD		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ORLANDO FL 32817		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **DALSUKH NATHOO** PRESIDENT **4/14/07** 407 977 8411