

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002256

FILED
Apr 02, 2009
Secretary of State

Entity Name: FIRST NATIONAL OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

369 N NEW YORK AVENUE
WINTER PARK, FL 32789

New Principal Place of Business:

369 N NEW YORK AVENUE
3RD FLOOR
WINTER PARK, FL 32789

Current Mailing Address:

PO BOX 1690
WINTER PARK, FL 32790

New Mailing Address:

FEI Number: 59-2580189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, JESSE E SR
369 N NEW YORK AVENUE
3RD FLOOR
WINTER PARK, FL 32789 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: GRAHAM, JESSE E SR.
Address: 369 N NEW YORK AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: TD () Delete
Name: PRATT, JAMES R
Address: 369 N NEW YORK AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: VP () Delete
Name: CALPEY, JOHN
Address: 369 N NEW YORK AVENUE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: MURPHY, WILLIAM
Address: 369 N NEW YORK AVENUE
City-St-Zip: WINTER PARK, FL 32789

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: JESSE E. GRAHAM

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date