

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90016 026 ****61.25

DOCUMENT # N96000001647

1. Entity Name

WINTER PARK COMMERCE CENTER, A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3580 ALOMA AVE., #4
 WINTER PARK FL 32792
 US**

**3580 ALOMA AVE., #4
 WINTER PARK FL 32792
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3374334

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VEDI, PARDEEP K
 3586 ALOMA AVE., #3
 WINTER PARK FL 32792**

Name **CLAY RODGERS**
 Street Address (P.O. Box Number is Not Acceptable) **3586 ALOMA AVE., # 11**
 City **WINTER PARK FL** Zip Code **32792**

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.

SIGNATURE **CLAY RODGERS, PRESIDENT**

4/30/2002
 DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VEDI, PARDEEP K	
STREET ADDRESS	3586 ALOMA AVE., #3	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BRENNER, CHARLES	
STREET ADDRESS	3586 ALOMA AVE., SUITE 5	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, CLAY	
STREET ADDRESS	3586 ALOMA AVE., #11	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BALASOJAK, JIM	
STREET ADDRESS	3592 ALOMA AVE., #11	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRESPO, LUIS	
STREET ADDRESS	3580 ALOMA AVE., #1	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAY RODGERS	
STREET ADDRESS	3586 ALOMA AVE., #11	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY ELLIOTT	
STREET ADDRESS	3592 ALOMA AVE., #2	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES GORMAN	
STREET ADDRESS	3580 ALOMA AVE., #12	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SIGNATURE RECLAY RODGERS**

4/30/2002 (407) 681-8488

CR2E037 (9/01)