

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2008
Secretary of State**

DOCUMENT# N96000001647

Entity Name: WINTER PARK COMMERCE CENTER, A CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3374334 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VEDI, PARDEEP K
3586 ALOMA AVE.
#3
WINTER PARK, FL 32792 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: TD () Delete
Name: VEDI, PARDEEP K
Address: 3586 ALOMA AVE., #3
City-St-Zip: WINTER PARK, FL 32792 US

Title: VD () Delete
Name: DE BATES, DALE
Address: 3580 ALOMA AVENUE #13
City-St-Zip: WINTER PARK, FL 32792

Title: PD () Delete
Name: BRENNER, CHARLES
Address: 3586 ALOMA AVE., #5
City-St-Zip: WINTER PARK, FL 32792 US

Title: S () Delete
Name: WYLER, KATHLEEN
Address: 3580 ALOMA AVE., #4
City-St-Zip: WINTER PARK, FL 32792 US

Title: D () Delete
Name: CRESPO, LUIS
Address: 3580 ALOMA AVE., #1
City-St-Zip: WINTER PARK, FL 32792 US

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D () Change (X) Addition
Name: FRASER, JAMES
Address: 3586 ALOMA AVE STE # 14
City-St-Zip: WINTER PARK, FL 32792

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: PARDEEP K VEDI

TD

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date