

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003193

FILED
Apr 27, 2008
Secretary of State

Entity Name: COMMANDER ROW HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2409 SW SISTER'S WELCOME RD
SUITE 101
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

2409 SW SISTER'S WELCOME RD
SUITE 101
LAKE CITY, FL 32025 US

New Mailing Address:

FEI Number: 59-3653428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANNON CREEK AIRPORT
2409 SW SISTER'S WELCOME RD
SUITE 101
LAKE CITY, FL 32025 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: MORANA, FRED PD
Address: 8801 BISCAYNE BLVD, SUITE 104
City-St-Zip: MIAMI, FL 33138 US

Title: SD () Delete
Name: MORANA, CARMEN DS
Address: 8801 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33138 US

Title: TD () Delete
Name: TERZIEVA, NELLY DT
Address: 624 LAKESHORE BLVD
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: STERLING TRUST COMPA, NY
Address: 23415 RIO DEL MAR DRIVE
City-St-Zip: BOCA RATON, FL 33486

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:

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: FRED MORANA

PD

04/27/2008

Electronic Signature of Signing Officer or Director

Date