

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2005
Secretary of State**

DOCUMENT# N99000004160

Entity Name: SOUTH STAR SERVICE CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7802 KINGSPORTE PKWY
208-A
ORLANDO, FL 32819 US

New Principal Place of Business:

7802 KINGSPORTE PKWY
201
ORLANDO, FL 32819 US

Current Mailing Address:

PO BOX 690159
ORLANDO, FL 32869 US

New Mailing Address:

FEI Number: 59-3588030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPES, CLAUBER
5512 SPRING RUN AVE.
ORLANDO, FL 32819 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: SD () Delete
Name: LOPES, CLAUBER C
Address: 5512 SPRING RUN AVE.
City-St-Zip: ORLANDO, FL 32819

Title: VD (X) Delete
Name: CARVALHO, ENIO
Address: 7810 KINGSPORTE PKWY
City-St-Zip: ORLANDO, FL 32819

Title: 2SD (X) Delete
Name: SADEMBERG, LUIZ
Address: 7822 KINGSPORTE PKWY
City-St-Zip: ORLANDO, FL 32819

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLAUBER LOPES

SD

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date