


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90040 007 \*\*\*\*70.00

<b>DOCUMENT # N99000004160</b> 1. Entity Name <b>SOUTH STAR SERVICE CENTER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>7802 KINGSPORTE PKWY</b> <b>202</b> <b>ORLANDO, FL 32819 US</b>			Mailing Address <b>PO BOX 690159</b> <b>ORLANDO, FL 32869 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 690623</b>  Suite, Apt. #, etc.			
City & State _____		City & State <b>Orlando, FL</b>		4. FEI Number <b>59-3588030</b>	
Zip _____	Country _____	Zip <b>32869</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LOPES, CLAUBER</b> <b>5512 SPRING RUN AVE.</b> <b>ORLANDO, FL 32819</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City <b>FL</b> Zip Code _____	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SD NAME LOPES, CLAUBER C STREET ADDRESS 5512 SPRING RUN AVE. CITY-ST-ZIP ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME Hari Singh STREET ADDRESS 8236 Firenze Blvd. CITY-ST-ZIP Orlando, FL 32836	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME Clauber Lopes STREET ADDRESS 5512 Spring Run Ave. CITY-ST-ZIP Orlando, FL 32819	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME Ajit Singh STREET ADDRESS 7834 Kingspointe Pkwy. CITY-ST-ZIP Orlando, FL 32819	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME Bobby Singh STREET ADDRESS 7834 Kingspointe Pkwy. CITY-ST-ZIP Orlando, FL 32819	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>CLAUBER LOPES</b>		
_____			01/15/2008 407-345-8650		
_____			_____		