

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009445

**Entity Name:** ORMOND COMMERCE PARK CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Apr 15, 2024**  
**Secretary of State**  
**2763959756CC****Current Principal Place of Business:**785 WEST GRANADA BOULEVARD  
SUITE 5  
ORMOND BEACH, FL 32174**Current Mailing Address:**785 WEST GRANADA BOULEVARD  
SUITE 5  
ORMOND BEACH, FL 32174 US**FEI Number: 20-5881565****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SOUTHERN STATES MANAGEMENT GROUP, INC.  
785 WEST GRANADA BOULEVARD  
SUITE 5  
ORMOND BEACH, FL 32174 US*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: FRED ANNON****04/15/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** D  
**Name** KOLLAR, SANDRA C  
**Address** 785 WEST GRANADA BOULEVARD  
SUITE 5  
**City-State-Zip:** ORMOND BEACH FL 32174**Title** PD  
**Name** GRASSO, C MICHAEL  
**Address** 785 WEST GRANADA BOULEVARD  
SUITE 5  
**City-State-Zip:** ORMOND BEACH FL 32174**Title** D  
**Name** SMITH, WILL  
**Address** 785 WEST GRANADA BOULEVARD  
SUITE 5  
**City-State-Zip:** ORMOND BEACH FL 32174**Title** VPD  
**Name** BRAUN, LESLIE  
**Address** 785 WEST GRANADA BOULEVARD  
SUITE 5  
**City-State-Zip:** ORMOND BEACH FL 32174**Title** D  
**Name** CRAFTON, SCOTT  
**Address** 785 WEST GRANADA BOULEVARD  
SUITE 5  
**City-State-Zip:** ORMOND BEACH FL 32174**Title** STD  
**Name** STEEDLEY, AMY  
**Address** 785 WEST GRANADA BOULEVARD  
SUITE 5  
**City-State-Zip:** ORMOND BEACH FL 32174**Title** D  
**Name** REIF, BERNARD  
**Address** 785 WEST GRANADA BOULEVARD  
SUITE 5  
**City-State-Zip:** ORMOND BEACH FL 32174

I hereby 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 all other like empowered.

**SIGNATURE: C MICHAEL GRASSO****PRESIDENT****04/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date