

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009445

Entity Name: ORMOND COMMERCE PARK CONDOMINIUM ASSOCIATION, INC.**FILED**
Apr 22, 2015
Secretary of State
CC5362167903**Current Principal Place of Business:**1293 N US HWY 1
STE 3
ORMOND BEACH, FL 32174**Current Mailing Address:**1293 N US HWY 1
STE 3
ORMOND BEACH, FL 32174**FEI Number: 20-5881565****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VANACORE, JOHN S
1293 N. US HWY 1
STE 3
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	VANACORE, JOHN S
Address	1293 N. US HWY 1 STE 3
City-State-Zip:	ORMOND BEACH FL 32174
Title	SECRETARY, DIRECTOR
Name	WEBER, JANIS
Address	1293 N US HWY 1 STE 3
City-State-Zip:	ORMOND BEACH FL 32174

Title	TREASURER, DIRECTOR
Name	VANACORE, JOSEPH T
Address	1293 N. US HWY 1 STE 3
City-State-Zip:	ORMOND BEACH FL 32174
Title	VP, DIRECTOR
Name	FIROUZABADI, FRED
Address	1293 N US HWY 1 STE 3
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: JOHN S. VANACORE**PRESIDENT****04/22/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date