

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001647

**Entity Name:** WINTER PARK COMMERCE CENTER, A CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 11, 2019**  
**Secretary of State**  
**8344841349CC**

**Current Principal Place of Business:**

3586 ALOMA AVE., #5  
WINTER PARK, FL 32792

**Current Mailing Address:**

3586 ALOMA AVE., #5  
WINTER PARK, FL 32792 US

**FEI Number: 59-3374334**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VEDI, PARDEEP K  
3586 ALOMA AVE., #5  
WINTER PARK, FL 32792 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           TREASURER  
Name           VEDI, PARDEEP K  
Address        3586 ALOMA AVE., #5  
City-State-Zip: WINTER PARK FL 32792

Title           PRESIDENT  
Name           BALASCHAK, JAMES  
Address        3586 ALOMA AVE., #5  
City-State-Zip: WINTER PARK FL 32792

Title           DIRECTOR  
Name           DHAMIJA, JUGNU  
Address        3592 ALOMA AVE., #1  
City-State-Zip: WINTER PARK FL 32792

Title           D  
Name           SHARP, LACEY  
Address        3580 ALOMA AVE., #13  
City-State-Zip: WINTER PARK FL 32792

Title           S  
Name           KUPERMAN, MURRAY  
Address        3586 ALOMA AVE STE # 4  
City-State-Zip: WINTER PARK FL 32792

*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: PARDEEP VEDI**

**TREASURER**

**04/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date