

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004160

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

**FILED  
Apr 11, 2013  
Secretary of State  
CC0028660235**

**Current Principal Place of Business:**

7802 KINGSPONTE PKWY  
202  
ORLANDO, FL 32819

**Current Mailing Address:**

PO BOX 690623  
ORLANDO, FL 32869 US

**FEI Number: 59-3588030**

**Certificate of Status Desired: No**

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

SINGH, BOBBY  
7834 KINGSPONTE PKWY  
ORLANDO, FL 32819 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 P  
Name SINGH, HARI  
Address 8236 FIRENZE BLVD  
City-State-Zip: ORLANDO FL 32836

Title VP  
Name LOPES, CLAUBER  
Address 5512 SPRING RUN AVE.  
City-State-Zip: ORLANDO FL 32819

Title T  
Name SINGH, AJIT  
Address 7834 KINGSPONTE PKWY  
City-State-Zip: ORLANDO FL 32819

Title D  
Name SINGH, BOBBY  
Address 7834 KINGSPONTE PKWY  
City-State-Zip: ORLANDO FL 32819

*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: BOBBY SINGH**

**SECRETARY**

**04/11/2013**

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

\_\_\_\_\_  
Date