

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 05, 2009  
Secretary of State**

DOCUMENT# 770263

Entity Name: WORTH PROFESSIONAL PARK ASSOCIATION, INC.

**Current Principal Place of Business:**

3199 LAKE WORTH RD  
SUITE 3  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

3199 LAKE WORTH RD  
SUITE B3  
LAKE WORTH, FL 33461

**Current Mailing Address:**

3199 LAKE WORTH RD  
SUITE 3  
LAKE WORTH, FL 33461

**New Mailing Address:**

3199 LAKE WORTH RD  
SUITE B3  
LAKE WORTH, FL 33461

FEI Number: 65-0122657      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MOE, RODERICK CPA PA  
3199 LAKE WORTH ROAD  
SUITE 3  
LAKE WORTH, FL 33461 US

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

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

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: WEINER, ERIC M  
Address: 3199 LAKE WORTH RD  
City-St-Zip: LAKE WORTH, FL

Title: PD ( ) Delete  
Name: PISANI, ANTHONY  
Address: 3199 LAKE WORTH RD  
City-St-Zip: LAKE WORTH, FL

Title: TD ( ) Delete  
Name: MOE, ROBERICK  
Address: 3199 LAKE WORTH RD  
City-St-Zip: LAKE WORTH, FL 33461

Title: VD ( ) Delete  
Name: ELPEDES, FELIX  
Address: 3199 LAKE WORTH RD  
City-St-Zip: LAKE WORTH, FL 33461

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: MOE, RODERICK  
Address: 3199 LAKE WORTH RD  
City-St-Zip: LAKE WORTH, FL 33461

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RODERICK C. MOE

TD

01/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date