2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED DOCUMENT # N05000009714 Feb 22, 2007 08:00 AM 1. Entity Namo **Secretary of State** WEDGEWOOD BUSINESS PARK FIRST COURT CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 370 ANSIN BOULEVARD HALLANDALE BEACH FL 33009 370 ANSIN BOULEVARD HALLANDALE BEACH FL 33009 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, ctc. Suito, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & Stato City & State 4. FEI Number Applied For 20-4262945 Not Applicable Ζp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo KROHN, DAVID Street Address (P.O. Box Number is Not Acceptable) 370 ANSIN BOULEVARD HALLANDALE BEACH FL 33009 Zip Codo 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE; Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. HILE ☐ Delete IIILE Change Addition NAME KROHN, DAVID NAME U00000643964 03/02/07-80023-017 61.25 STREET ADDRESS STREET ADDRESS 370 ANSIN BOULEVARD CITY - ST - ZIP CHY-ST-ZIP HALLANDALE BEACH FL 33009 Change HILE ۷D ☐ Delete TITE ☐ Addition NAME NAME KROHN, MARK S STREET ADDRESS STREET ADDRESS 370 ANSIN BOULEVARD CITY - ST - ZIP HALLANDALE BEACH FL 33009 City-SI-ZIP TITLE ☐ Delete DDF ☐ Change Addition STD NAME NAME KROHN, BARRY STREET ADDRESS STREET ADDRESS 370 ANSIN BOULEVARD CITY-ST-ZIP CITY-ST-ZIP HALLANDALE BEACH FL 33009 TITLE ☐ Change ☐ Addition ши Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ■ Addition DIRE ☐ Delete HILE STREET ADDRESS STREET ADDRESS

12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY - ST- 7IP

STREET ADDRESS

CITY-ST-ZIP

TILE

NAME

Delete

2/20/07 954-456-6066

☐ Change

☐ Addition