2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N06000011680

Entity Name: WICKHAM ROAD BUSINESS CENTER BOULEVARD PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

5060 INDUSTRY DR
MELBOURNE, FL 32940-112

New Principal Place of Business:

Current Mailing Address:

5060 INDUSTRY DR
MELBOURNE, FL 32940-112

New Mailing Address:

FEI Number: 26-0541056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PANIK, JOHN F JR.
5060 INDUSTRY DR
MELBOURNE, FL 32940-112 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:	PD	( ) Delete
Name:	SANDOR, FREDERICK	
Address:	2760 BUNINESS CENTER BLVE	
City-St-Zip:	MELBOURNE, FL 32940	
Title:	VD	( ) Delete
Name:	PANIK, JOHN F JR	
Address:	5060 INDUSTRY DR	
City-St-Zip:	MELBOURNE, FL 32940	
Title:	ST	( ) Delete
Name:	SANDOR, VIRGINIA	
Address:	5060 INDUSTRY DR	
City-St-Zip:	MELBOURNE, FL 32940-112	
Title:	D	( ) Delete
Name:	SIMMS, DON	
Address:	2825 BUSINESS CENTER BLVE STE C-1	
City-St-Zip:	MELBOURNE, FL 32940	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: VIRGINIA SANDOR ST 04/28/2009
Electronic Signature of Signing Officer or Director — Date