

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06760

**Entity Name:** WEKIVA POINT EXECUTIVE CENTER CONDOMINIUM  
ASSOCIATION, INC.

**Current Principal Place of Business:**

505 WEKIVA SPRINGS RD  
SUITE #200  
LONGWOOD, FL 32779

**Current Mailing Address:**

505 WEKIVA SPRINGS RD  
SUITE #200  
LONGWOOD, FL 32779 US

**FEI Number:** 59-2538210

**Certificate of Status Desired:** No

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

THOMAS, BELL HPRES  
505 WEKIVA SPRINGS RD.  
STE 200  
LONGWOOD, FL 32779 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 PDST  
Name BELL, THOMAS HPRES  
Address 505 WEKIVA SPRINGS RD., STE 200  
City-State-Zip: LONGWOOD FL 32779

Title DIR  
Name POWERS, LARRY EJR  
Address PO BOX 916157  
City-State-Zip: LONGWOOD FL 32791

Title DIR  
Name CHIRIANI, TAMARAH  
Address 505 WEKIVA SPRINGS RD SUITE 500  
City-State-Zip: LONGWOOD FL 32779

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:** THOMAS H BELL

**PRES**

**01/09/2014**

Electronic Signature of Signing Officer/Director Detail

Date