### 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

Electronic Signature of Signing Officer/Director Detail

Ν ( Ν City-State-Zip: LONGWOOD FL 32779

SIGNATURE:

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.

Electronic Signature of Registered Agent

# C

	Electronic Signature of Registered Agent		
Officer/Director Detail :			
Title	PDST	Title	DIR
Name	BELL, THOMAS HPRES	Name	POWERS, LARRY EJR
Address	505 WEKIVA SPRINGS RD., STE 200	Address	PO BOX 916157
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32791
Title	DIR		
Name	CHIRIANI, TAMARAH		
Address	505 WEKIVA SPRINGS RD SUITE 500		

THOMAS, BELL HPRES

**SUITE #200** LONGWOOD, FL 32779

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

## FEI Number: 59-2538210

505 WEKIVA SPRINGS RD.

LONGWOOD, FL 32779 US

STE 200

# Name and Address of Current Registered Agent:

# **Current Mailing Address:**

# DOCUMENT# N06760

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

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### Current Principal Place of Business:

505 WEKIVA SPRINGS RD

Certificate of Status Desired: No

FILED Jan 25, 2016 Secretary of State CC0437617105

Date

PDST

01/25/2016