2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766508

FILED Apr 30, 2008 Secretary of State

Entity Name: WTC PHASE I ASSOCIATION, INC.

	Principal Place	of Business:	New Princ	ipal Place of Business:	
	0 EUROPA DRI FL 34105 U	_			
Current Mailing Address:			New Maili	New Mailing Address:	
	PORT-PULLING FL 34105 U	_			
FEI Numbe	r: 59-2337276	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
4802 AIRF	TENNIS CLUB, PORT-PULLING FL 34105 U	ROAD			
	e named entity s te of Florida.	ubmits this statement for the pu	ırpose of changing i	ts registered office or registered agent, or both	
SIGNATU	IRE:				
	Electron	ic Signature of Registered Ager	nt	Date	
OFFICER	S AND DIREC	ΓORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	COMEAUX, CAR 3304 EUROPE	DR., #1	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	CALKINS, J. SC	Delete COTT	Title: Name:	() Change () Addition	
Address:	PO BOX 1188 HARRISBURG,	PA 17108	Address: City-St-Zip:		
Address: City-St-Zip: Title: Name: Address:	HARRISBURG, D () HARKINS, KENI 33 SPIT BROOK	Delete NETH K ROAD		()Change ()Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	HARRISBURG, D () HARKINS, KENI 33 SPIT BROOF NASHUA, NH 0	Delete NETH K ROAD 3060 Delete IMAN S Y	City-St-Zip: Title: Name: Address:	()Change ()Addition ()Change ()Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip:	HARRISBURG, D () HARKINS, KENI 33 SPIT BROOF NASHUA, NH 0: ST () VODREY, JACK 517 BROADWA EAST LIVERPO	Delete NETH C ROAD 3060 Delete MAN S Y OL, OH 43920 Delete E L DE DR.	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		

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: THOMAS KELLER AT 04/30/2008