

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90414 038 ****61.25

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04262006 Chg-NP CR2E037 (11/05)

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|--|---|---|--|---|--|
| DOCUMENT # N03000009627 1. Entity Name WEST LAKE COMMERCE CENTER OWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business 5401 S KIRKMAN RD STE 450 ORLANDO, FL 32819 US | | | Mailing Address 1330 PALMETTO AVENUE WINTER PARK, FL 32789 | | |
| 2. Principal Place of Business | | 3. Mailing Address 5401 S Kirkman Rd Ste. Apt. # etc. 450 | | | |
| Suite, Apt. #, etc. | | City & State Orlando FL | | | |
| City & State | | Zip 32819 | | Country USA | |
| 4. FEI Number 02-0253756 | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT PROFESSIONALS INC 5401 S KIRKMAN RD. STE 450 ORLANDO, FL 32819 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GODWIN, LARRY 1330 PALMETTO AVENUE WINTER PARK, FL 32789 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MICHAEL TATTOLO 100 N John Young Pkwy, Ste. D KISSIMMEE FL 34741 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GODWIN, ROBERT 1330 PALMETTO AVENUE WINTER PARK, FL 32789 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP JEANETTE LOPEZ 3121 APPALOOSA CT KISSIMMEE FL 34746 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MELOON, MELISSA 1330 PALMETTO AVENUE WINTER PARK, FL 32789 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | J/T JOHN SELBACH 1751 S. John Young Pkwy KISSIMMEE FL 34741 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 4-26-06 Daytime Phone # 407/903-9969 | | |