

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009627

FILED
Jan 28, 2009
Secretary of State

Entity Name: WEST LAKE COMMERCE CENTER OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5401 S KIRKMAN RD
STE 450
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

5401 SOUTH KIRKMAN ROAD
SUITE 450
ORLANDO, FL 32819 US

New Mailing Address:

5401 S KIRKMAN RD
STE 450
ORLANDO, FL 32819 US

FEI Number: 02-0253756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS INC
5401 S KIRKMAN RD.
STE 450
ORLANDO, FL 32819 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: P () Delete
Name: TATTOLI, MICHAEL
Address: 100 NORTH JOHN YOUNG PARKWAY SUITE D
City-St-Zip: KISSIMMEE, FL 34741

Title: VP () Delete
Name: LOPEZ, JEANETTE
Address: 3121 APPALOOSA COURT
City-St-Zip: KISSIMMEE, FL 34746

Title: ST () Delete
Name: BYRNE, GEORGE
Address: 2377 EAGLE TRACE DR
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TATOLI, MICHAEL
Address: 100 NORTH JOHN YOUNG PARKWAY SUITE D
City-St-Zip: KISSIMMEE, FL 34741

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: MICHAEL TATOLI

P

01/28/2009

Electronic Signature of Signing Officer or Director

Date