

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N03301 1. Entity Name THE APOPKA EXECUTIVE CENTER CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 7 WEST MAIN STREET, SUITE 1000 APOPKA, FL 32703	Mailing Address 7 WEST MAIN STREET, SUITE 1000 APOPKA, FL 32703
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2622915	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WADE, JAMES H., JR. 7 W. MAIN STREET, SUITE 1000 APOPKA, FL 32703	DO NOT WRITE IN THIS SPACE
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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.

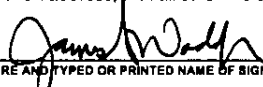
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000778168 01/10/08-80036-025 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WADE, JAMES H., JR. 7 W. MAIN ST., STE. 1000 APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONLEY, ANITA 7 W. MAIN ST., STE. 1000 APOPKA, FL
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**DO NOT WRITE
IN THIS SPACE**

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/8/08 Date	407 886.3945 Daytime Phone #
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