

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03301

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** THE APOPKA EXECUTIVE CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7 WEST MAIN STREET, SUITE 1000  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

7 WEST MAIN STREET, SUITE 1000  
APOPKA, FL 32703

**New Mailing Address:**

**FEI Number:** 59-2622915

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WADE, JAMES H., JR.  
7 W. MAIN STREET, SUITE 1000  
APOPKA, FL 32703 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: PD  
Name: WADE, JAMES H., JR.  
Address: 7 W. MAIN ST., STE. 1000  
City-St-Zip: APOPKA, FL 32703

Title: SD  
Name: CONLEY, ANITA  
Address: 7 W. MAIN ST., STE. 1000  
City-St-Zip: APOPKA, FL 32073

Title: VP  
Name: DIETRICK, JOSHUA  
Address: 7 W. MAIN ST., STE. 1000  
City-St-Zip: APOPKA, FL 32703

Title: T  
Name: ALLEN, JOANN  
Address: 7 W. MAIN ST., STE 1000  
City-St-Zip: APOPKA, FL 32703

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: JAMES H.WADE, JR., CPA

PD

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date