2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N04000001648

Entity Name: WESTON COMMERCIAL OFFICE PARK ASSOCIATION, INC.

Current Principal Place of Business:

2600 GLADES CIRCLE, STE. 100
WESTON, FL 33327

New Principal Place of Business:

2600 GLADES CIRCLE, STE. 200
WESTON, FL 33327

Current Mailing Address:

2600 GLADES CIRCLE, STE. 100
WESTON, FL 33327

New Mailing Address:

2600 GLADES CIRCLE, STE. 200
WESTON, FL 33327

FEI Number: 20-2306018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDELMAN, KENNETH
2600 GLADES CIRCLE, STE. 100
WESTON, FL 33327 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 ( ) Delete
Name: EDELMAN, KENNETH
Address: 2600 GLADES CIRCLE, STE. 100
City-St-Zip: WESTON, FL 33327

Title: VD ( ) Delete
Name: EDELMAN, MICHAEL
Address: 2600 GLADES CIRCLE, STE. 100
City-St-Zip: WESTON, FL 33327

Title: STD ( ) Delete
Name: EDELMAN, DEBRA
Address: 2600 GLADES CIRCLE, STE. 100
City-St-Zip: WESTON, FL 33327

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VAN DE GRIFT, LOREN
Address: 2600 GLADES CIRCLE, STE. 200
City-St-Zip: WESTON, FL 33327

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: EDELMAN, KENNETH
Address: 2600 GLADES CIRCLE, STE. 100
City-St-Zip: WESTON, FL 33327

Title: VD ( ) Change (X) Addition
Name: VAN DE GRIFT, RICHARD
Address: 2600 GLADES CIRCLE, STE 200
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LOREN VAN DE GRIFT PD 04/27/2005

Electronic Signature of Signing Officer or Director — Date