

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001648

FILED
Mar 11, 2008
Secretary of State

Entity Name: WESTON COMMERCIAL OFFICE PARK ASSOCIATION, INC.

Current Principal Place of Business:

2600 GLADES CIRCLE, STE. 200
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

2600 GLADES CIRCLE, STE. 200
WESTON, FL 33327

New Mailing Address:

FEI Number: 20-2306018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VAN DE GRIFT, LOREN PD
2600 GLADES CIRCLE, STE. 200
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: VAN DE GRIFT, LOREN
Address: 2600 GLADES CIRCLE, STE. 200
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, KENNETH
Address: 2600 GLADES CIRCLE, STE. 100
City-St-Zip: WESTON, FL 33327

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LOREN VAN DE GRIFT

PD

03/11/2008

Electronic Signature of Signing Officer or Director

Date