## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2008 8:00 am Secretary of State

|  |  |                                   |                                       |   | •                          |                            |                           |  |
|--|--|-----------------------------------|---------------------------------------|---|----------------------------|----------------------------|---------------------------|--|
| DOCUMENT # N0400007558  1. Entity Name WEKIVA COMMONS OFFICE PARK CONDOMINIUM ASSOCIATION, INC.                                    |  |                                   |                                       |   | 4-21-2008 90052 (          | )29 ****61                 | 1.25                      |  |
| Principal Place of Business 515 WEKIVA COMMONS CIRCLE APOPKA, FL 32712  Mailing Address 515 WEKIVA COMMONS CIRCLE APOPKA, FL 32712 |  |                                   |                                       |   |                            |                            |                           |  |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address  |  |                                   |                                       |   |                            |                            |                           |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |  |                                   |                                       | 03252008 C  | hg-NP CR2E0                | 37 (12/06)                 |                           |  |
| City & State Ci  |  | City & State                      | ity & State                           |   | ICABLE                     | <u> </u>                   | plied For<br>t Applicable |  |
| 3271   | Country USA  | Zip                               | Country                               | 5. Certificate of S                                     | tatus Desired              | \$8.75 Add<br>Fee Required |                           |  |
|  | 6. Name and Address of Current   | Registered Agent                  |                                       | 7. Name and Add   | iress of New Registered    | Agent                      |                           |  |
| KEENER, JANELLE  |  |                                   |                                       | Chayton Les   |                            |                            | ·-··                      |  |
| 531 WEKIN  | /A COMMONS CIRCLE<br>FL 32712  |                                   | Street A                              | ddress (P.O. Box Number is 20 We king                   | Not Acceptable)            | cla                        |                           |  |
|  |  |                                   | City                                  |   | FI                         | Zip Code                   |                           |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered                   |  |                                   |                                       |   | the State of Florida. I am | - 327<br>familiar with,    | and accept                |  |
| the obligat  | ions of registered agent.  |                                   |                                       |   |                            |                            |                           |  |
|  | ( Letting !  | Lee                               |                                       |   | 3/27/0                     | . 0                        |                           |  |
| SIGNATURE .  | Signature, typosidi printed name of registered agen                    | t and title if applicable. (NOTE: | Registered Agent signati              | are required when reinstating)                          | DATE                       | 0                          |                           |  |
|  |  | 9. Election Cam                   |                                       |   | Make chec                  | k payable to               |                           |  |
| ·<br>!   | Filing Fee is \$61.25<br>Due by May 1, 2008                            | Trust Fund Co                     | ,                                     | \$5.00 May Be Added to Fees                             | Florida Depa               |                            |                           |  |
| 10.  | OFFICERS AND D   | RECTORS                           | 11.                                   |   | SES TO OFFICERS AND D      |                            |                           |  |
| NAME STREET ADDRESS CITY-ST-ZIP  | SECY<br>KEENER, JANELLE<br>531 WEKIVA COMMONS CIRC<br>APOPKA, FL 32712 | <b>⊠</b> Delete<br>LE             | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Phes./Sec/Th<br>Clayfon Les<br>520 Wekina<br>Appha FL 3 | Commons Circ               | ☐ Change                   | Addition                  |  |
| TITLE  | P  | <b>⊠</b> Delete                   | TITLE                                 |   |                            | Change                     | Addition 2                |  |
| NAME   | MILLS, JULIE   |                                   | NAME                                  | Tomay Eagle 511 Wekire                                  | · //                       | 4.1.                       | •                         |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 503 WEKIVA COMMONS CIRC<br>APOPKA, FL 32712                            | LE                                | STREET ADDRESS<br>CITY-ST-ZIP         |   | , CAMMONS C.               | ec e                       |                           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | TR WAGONER, ANNE 515 WEKIVA COMMONS CIRC APOPKA, FL 32712              | <b>⊠</b> Delete                   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | HPOT NE 1   | 728.6                      | Change                     | Addition                  |  |
| TITLE  | AFORM, FL 32/12  | ☐ Delete                          | TITLE                                 |   |                            | ☐ Change                   | ☐ Addition                |  |
| NAME   |  | LI Delete                         | NAME                                  |   |                            |                            |                           |  |
| STREET ADDRESS   |  |                                   | STREET ADDRESS                        |   |                            |                            |                           |  |
| CITY-ST-ZIP  |  |                                   | CITY-ST-ZIP                           |   |                            |                            |                           |  |
| TITLE  |  | ☐ Delete                          | TITLE                                 |   |                            | ☐ Change                   | Addition                  |  |
| NAME .   |  |                                   | NAME<br>STREET ADDRESS                |   |                            |                            |                           |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |                                   | STREET ADDRESS CITY-ST-ZIP            |   |                            |                            |                           |  |
| TITLE  |  | ☐ Delete                          | TITLE                                 |   |                            | ☐ Change                   | Addition                  |  |
| NAME   |  |                                   | NAME                                  |   |                            |                            |                           |  |
| STREET ADDRESS   |  |                                   | STREET ADDRESS                        |   |                            |                            |                           |  |
| CITY-ST-ZIP  | i  |                                   | CITY-ST-ZIP                           | 1   |                            |                            |                           |  |

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: Ctayton Lee 3/27/
SIGNATURE: SIGNATURE AND TYPED OFFICIAL OF SIGNING OFFICER OF DIRECTOR Date

3/27/08 401-889-5880

Daytime Phone #