

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007558

FILED
Apr 15, 2009
Secretary of State

Entity Name: WEKIVA COMMONS OFFICE PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

520 WAKIVA COMMONS CIRCLE
APOPKA, FL 32712

New Principal Place of Business:

520 WEKIVA COMMONS CIRCLE
APOPKA, FL 32712

Current Mailing Address:

520 WAKIVA COMMONS CIRCLE
APOPKA, FL 32712

New Mailing Address:

520 WEKIVA COMMONS CIRCLE
APOPKA, FL 32712

FEI Number: 20-2680201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, CLAYTON
520 WEKIVA COMMONS CIRCLE
APOPKA, FL 32712 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: PST () Delete
Name: CLAYTON, LEA
Address: 520 WEKIVA COMMONS CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: VP () Delete
Name: EAGLE, TOMMY
Address: 511 WEKIVA COMMONS CIRCLE
City-St-Zip: APOPKA, FL 32712

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CLAYTON, LEE
Address: 520 WEKIVA COMMONS CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: VP (X) Change () Addition
Name: EAGLE, TAMMY
Address: 511 WEKIVA COMMONS CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: DST () Change (X) Addition
Name: WAGONER, ANNE
Address: 515 WEKIVA COMMONS CIRCLE
City-St-Zip: APOPKA, FL 32703

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: ANNE WAGONER

DST

04/15/2009

Electronic Signature of Signing Officer or Director

Date