2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N05000006586

Entity Name: WPK SERVICE CENTER CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

2151 CONSULATE DR, STE 06
ORLANDO, FL 32837

New Principal Place of Business:

2151 CONSULATE DR
SUITE 06
ORLANDO, FL 32837

Current Mailing Address:

2151 CONSULATE DR, STE 06
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 20-3065499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUARTE, NORBERTO
5855 AMERICAN WAY
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

DUARTE, NORBERTO
2151 CONSULATE DR
SUITE 06
ORLANDO, FL 32837 US

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: _____ 04/14/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: DUARTE, NORBERTO
Address: 5855 AMERICAN WAY
City-St-Zip: ORLANDO, FL 32819

Title: VD ( ) Delete
Name: JACOBS-ALVAREZ, FREDESVINDA
Address: 5855 AMERICAN WAY
City-St-Zip: ORLANDO, FL 32819

Title: SD ( ) Delete
Name: ANDRADE, MAIRA
Address: 5855 AMERICAN WAY
City-St-Zip: ORLANDO, FL 32819

Title: TD ( ) Delete
Name: BRAGA, MARIO
Address: 5855 AMERICAN WAY
City-St-Zip: ORLANDO, FL 32819

Title: ASD (X) Delete
Name: BERNAL, RICARDO
Address: 5855 AMERICAN WAY
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: DUARTE, NORBERTO
Address: 2151 CONSULATE DR # 06
City-St-Zip: ORLANDO, FL 32837

Title: VD (X) Change ( ) Addition
Name: JACOBS-ALVAREZ, FREDESVINDA
Address: 2151 CONSULATE DR # 06
City-St-Zip: ORLANDO, FL 32837

Title: SD (X) Change ( ) Addition
Name: ANDRADE, MAIRA
Address: 2151 CONSULATE DR # 06
City-St-Zip: ORLANDO, FL 32837

Title: ASD (X) Change ( ) Addition
Name: BERNAL, RICARDO
Address: 2151 CONSULATE DR # 06
City-St-Zip: ORLANDO, FL 32837

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: NORBERTO DUARTE PTD 04/14/2009
Electronic Signature of Signing Officer or Director — Date