2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012027

FILED Feb 18, 2009 Secretary of State

Entity Name: WOODLAND LAKES PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

3525 WEST LAKE MARY BOULEVARD SUITE 306

707 MONROE STREET SANFORD, FL 327718816

LAKE MARY, FL 327463461

Current Mailing Address:

New Mailing Address:

3525 WEST LAKE MARY BOULEVARD SUITE 306

707 MONROE STREET SANFORD, FL 327718816

LAKE MARY, FL 327463461

FEI Number: 59-3826400

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C. WILLIAM HARKINS 3525 WEST LAKE MARY BOULEVARD SUITE 306

C. WILLIAM HARKINS 707 MONROE STREET

SANFORD, FL 327718816 US

LAKE MARY, FL 327463461 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.

Title:

SIGNATURE:

02/18/2009

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

(X) Change () Addition

HARKINS, MATT Name:

() Delete

Address:

HARKINS, MATT Name: 3525 WEST LAKE MARY BLVD. #306 Address: 707 MONROE STREET

City-St-Zip: LAKE MARY, FL 327463461 City-St-Zip: SANFORD, FL 327718816

Title: PD () Delete Name: HAWKINS, MARK

Name: HARKINS, MARK Address:

Address: 3525 W LAKE MARY BLVD 306 City-St-Zip: LAKE MARY, FL 32746

707 MONROE STREET City-St-Zip: SANFORD, FL 327718816

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: MARK HARKINS PD 02/18/2009