2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007866

Address:

City-St-Zip:

FILED Feb 04, 2008 Secretary of State

Entity Name: PILOT CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 439 S FLORIDA AVE 439 S FLORIDA AVE SUITE 101 SUITE 201 LAKELAND, FL 33801 LAKELAND, FL 33801 **Current Mailing Address: New Mailing Address:** P.O. BOX 3667 LAKELAND, FL 33802 FEI Number: 20-5273194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MUNSON, PETER J WILSON, HERBERT W TRES 1501 SOUTH FLORIDA AVENUE 439 S. FLORIDA AVE. LAKELAND, FL 33803 LAKELAND, FL 33801 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: H. WAYNE WILSON 02/04/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GRIFFIN, JOHN C Name: Name: 439 S FLORIDA AVE SUITE 101 Address: Address: City-St-Zip: LAKELAND, FL 33801 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition Name: MARTIN, BRANT C Name: MARTIN, BRANT C Address: 440 SOUTH FLORIDA AVENUE Address: 439 S. FLORIDA AVE. SUTE 201 City-St-Zip: LAKELAND, FL 33801 City-St-Zip: LAKELAND, FL 33801 Title: STD () Delete Title: SD (X) Change () Addition ALLEN, EDWARD A Name: ALLEN, EDWARD A Name: 439 S FLORIDA AVE SUITE 301 439 S FLORIDA AVE SUITE 301 Address: Address: City-St-Zip: LAKELAND, FL 33801 City-St-Zip: LAKELAND, FL 33801 Title: () Delete Title: TD () Change (X) Addition Name: Name: WILSON, HERBERT W

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.

Address:

City-St-Zip:

439 S FLORIDA AVE

LAKELAND, FL 33801

SIGNATURE: HERBERT W. WILSON TRES 02/04/2008