## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000009940

FILED Feb 11, 2009 Secretary of State

Entity Nai	me: WEST C	AKS COMMERCE PARK CON	IDOMINIUM ASSOCIATION, INC		
Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
5300 S. ORANGE AVENUE ORLANDO, FL 32809			6721 PRECOURT DR. ORLANDO, FL 32809	6721 PRECOURT DR. ORLANDO, FL 32809	
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
	RANGE AVEN D, FL 32809	IUE	6721 PRECOURT DR. ORLANDO, FL 32809		
FEI Number:	: 20-8836789	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
HARRELL, ROBERT S 5300 SOUTH ORANGE AVENUE ORLANDO, FL 32809 US				HAGEL, GARY L 6721 PRECOURT DR. ORLANDO, FL 32809 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE: GARY H.	AGEL		02/11/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( TROST, ROBE 5300 S. ORAN ORLANDO, FL	GE AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VTD ( BUHOLZ, PAU 5300 S. ORAN ORLANDO, FL	GE AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD ( HARRELL, RO 5300 S. ORAN ORLANDO, FL	GE AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: ROBERT TROST PD 02/11/2009