

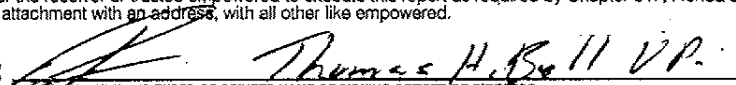


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N06760 1. Entity Name WEKIVA POINT EXECUTIVE CENTER CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 505 WEKIVA SPRINGS RD SUITE #800 LONGWOOD, FL 32779 US	Mailing Address 505 WEKIVA SPRINGS RD SUITE # 800 LONGWOOD, FL 32779 US	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
 01042005 No Chg-NP CR2E037 (10/03)		
4. FEI Number 59-2538210		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KEIDAISH, PHILIP F., JR. 505 WEKIVA SPRINGS RD. STE 800 LONGWOOD, FL 32779		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD JURGENS, J A 505 WEKIVA SPRINGS RD., STE 800 LONGWOOD, FL 32779	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD BELL, TOM 505 WEKIVA SPRINGS RD STE 200 LONGWOOD, FL 32779	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD PHILLIP F. KEIDAISH, JR. 505 WEKIVA SPRINGS RD., SUITE 800 LONGWOOD, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		Date: 1-31-05 Daytime Phone #: 862-2225