2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N06760

1. Entity Name
WEKIVA POINT EXECUTIVE CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
505 WEKIVA SPRINGS RD SUITE #800 LONGWOOD, FL 32779 US	505 WEKIVA SPRINGS RD SUITE # 800 LONGWOOD, FL 32779 US

DO NOT WRITE IN THIS SPACE

04172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2538210
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000540365
05/10/06-80014-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JURGENS, J A
STREET ADDRESS	505 WEKIVA SPRINGS RD., STE 800
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	VD
NAME	BELL, TOM
STREET ADDRESS	505 WEKIVA SPRINGS RD STE 200
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	SD
NAME	PHILLIP F. KEIDAISH, JR.
STREET ADDRESS	505 WEKIVA SPRINGS RD., SUITE 800
CITY-ST-ZIP	LONGWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ VP 4-25-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #