2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007
Secretary of State

DOCUMENT# N06760

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

Current Principal Place of Business:

505 WEKIVA SPRINGS RD
SUITE #800
LONGWOOD, FL 32779 US

New Principal Place of Business:

505 WEKIVA SPRINGS RD
SUITE #200
LONGWOOD, FL 32779 US

Current Mailing Address:

505 WEKIVA SPRINGS RD
SUITE # 800
LONGWOOD, FL 32779 US

New Mailing Address:

505 WEKIVA SPRINGS RD
SUITE # 200
LONGWOOD, FL 32779 US

FEI Number: 59-2538210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEIDAISH, PHILIP F., JR.
505 WEKIVA SPRINGS RD.
STE 800
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

J A JURGENS PA
505 WEKIVA SPRINGS RD.
STE 500
LONGWOOD, FL 32779 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: 'JA JURGENS' 02/07/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JURGENS, J A
Address: 505 WEKIVA SPRINGS RD., STE 800
City-St-Zip: LONGWOOD, FL 32779

Title: VD ( ) Delete
Name: BELL, TOM
Address: 505 WEKIVA SPRINGS RD STE 200
City-St-Zip: LONGWOOD, FL 32779

Title: SD (X) Delete
Name: PHILLIP F. KEIDAISH, JR.
Address: 505 WEKIVA SPRINGS RD., SUITE 800
City-St-Zip: LONGWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JURGENS, J A
Address: 505 WEKIVA SPRINGS RD., STE 500
City-St-Zip: LONGWOOD, FL 32779

Title: VSTD (X) Change ( ) Addition
Name: BELL, THOMAS H
Address: 505 WEKIVA SPRINGS RD STE 200
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: 'THOMAS H BELL' VSTD 02/07/2007
Electronic Signature of Signing Officer or Director Date