

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06760

FILED
Mar 15, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2538210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMAS, BELL H PRES
505 WEKIVA SPRINGS RD.
STE 200
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PDST
Name: BELL, THOMAS H PRES
Address: 505 WEKIVA SPRINGS RD., STE 200
City-St-Zip: LONGWOOD, FL 32779

Title: DIR
Name: POWERS, LARRY E JR
Address: PO BOX 916157
City-St-Zip: LONGWOOD, FL 32791

Title: DIR
Name: QUEVEDO, DANIEL T
Address: 505 WEKIVA SPRINGS RD SUITE 100
City-St-Zip: LONGWOOD, FL 32779

Title: DIR
Name: BERRY, KATHLEEN V
Address: 505 WEKIVA SPRINGS RD SUITE 500
City-St-Zip: LONGWOOD, FL 32779

Title: DIR
Name: FEDERAL TRUST BANK
Address: P.O. BOX 1867
City-St-Zip: SANFORD, FL 32772

I hereby 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 all other like empowered.

SIGNATURE: THOMAS H BELL

MGR

03/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date