2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2007 8:00 am DOCUMENT # N46185 **Secretary of State** 1. Entity Name 02-16-2007 90034 004 ****70.00 WESLEY PARK CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1326 WESLEY DR 1326 WESLEY DR PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 65-0339973 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEONARD, RONALD Street Address (P.O. Box Number is Not Acceptable) 1326 WESLEY DR. #133 PUNTA GORDA FL 33950 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to □ -Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. NEWMAN, FRANK Change [1326 WESLEY DR. #123 PUNTA GORDA, FL. 33950 TITLE TITLE D **PSTD** ☐ Delete NAME LEONARD, RONALD NAME STREET ADDRESS 1326 WESLEY DR. #133 STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP PUNTA GORDA FL 33950 TITLE VD ☐ Delete HITE ☐ Addition NAME KILLINGBECK, CHARLES 1 NAME STREET ADDRESS STREET ADDRESS 1326 WESLEY DR #131 CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33950 TITLE INE Delete ☐ Change ☐ Addition NAME BRETSNYER GLEN STREET ADDRESS 1326 WESLEY OR #122 STREET ADDRESS CITY - ST- 7/P CITY-ST-7IP PUNTA GORDA PL 33950 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDITESS CITY-S1-7IP CITY-ST-ZIP ☐ Change ☐ Delete RILL TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Change Addition Deleie TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

2. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 09,2007-941-505-1933

FILED