

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004150

FILED  
Apr 25, 2007  
Secretary of State

**Entity Name:** WICKHAM PLAZA OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2717 N WICKHAM ROAD SUITE 3  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

2717 N WICKHAM ROAD SUITE 3  
MELBOURNE, FL 32935

**New Mailing Address:**

**FEI Number:** 59-3528975

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JANES, LARK  
2717 N WICKHAM RD  
SUITE 3  
MELBOURNE, FL 32935 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: PD ( ) Delete  
Name: GOFF, LISA  
Address: 2717 N. WICKHAM ROAD, SUITE 1  
City-St-Zip: MELBOURNE, FL 32935

Title: VPD ( ) Delete  
Name: DUNNE, ROBERT  
Address: 2717 N WICKHAM ROAD SUITE 4  
City-St-Zip: MELBOURNE, FL 32935

Title: TD ( ) Delete  
Name: JANES, LARK  
Address: 2717 N WICKHAM RD., STE 3  
City-St-Zip: MELBOURNE, FL 32953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LARK JANES

TD

04/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date