2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000004238

1. Entity Name
650 WYMORE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
650 WYMORE ROAD, STE. 102 WINTER PARK, FL 32789	650 N. WYMORE RD. STE 103 WINTER PARK, FL 32789

02072006 No Chg-NP CRZE037 (11/05)

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4. FEI Number
59-3527836
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOSKA, DAVID
650 N WYMORE RD
STE 102
WINTER PARK, FL 32789

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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: David Woska 2/9/06
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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WOSKA, DAVID
STREET ADDRESS	650 N. WYMORE RD. STE 103
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	VP
NAME	HARRIS, ROBERT
STREET ADDRESS	650 N WYMORE ROAD, SUITE 201
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	DS
NAME	MALONEY, VANCE J
STREET ADDRESS	650 WYMORE ROAD, STE. 101
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	DT
NAME	WOSKA, DAVID
STREET ADDRESS	650 WYMORE ROAD, STE. 103
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	DT
NAME	ZILIOLI, ARMAND
STREET ADDRESS	650 WYMORE RD STE 102
CITY-ST-ZIP	WINTER PARK, FL 32789
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: David Woska DAVID WOSKA 2/9/06 (407) 645-4320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #