4/19/2007 10:51 AM FROM: Wolfe Financial Grp Wolfe Financial Grp Wolfe Financial Grp

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2007 8:00 am Secretary of State 04-26-2007 90210 039 ****61.25

DOCUMENT # N9800004238 1. Entity Name 650 WYMORE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.												
Principal Place of Business 650 WYMORE ROAD, STE. 102 WINTER PARK, FL 32789				Mailing Address 650 N. WYMORE RD. STE 103 WINTER PARK, FL 32789					1841) (8))) \$1))) 80))			iiiO\ 11 ITE\
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04192007	Chg-NP	CR2E03	7 (12/06)	
City & State			City & State					4. FEI Numbe 59-3527			_ 	oplied For of Applicable
Zip	ip Country		Zip		Cut	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registere	d Agent				7. Name and	Address of New I	Registered #	Agent	
WOSKA, D 650 N WY		1				Name Street A	ddiess (P.O. Box Numbe	r is Not Acceptab	(ما		
STE 102						01100171	-	· · · · · · · · · · · · · · · · · · ·	TIS POST PICCOPIED			
WINTER PARK, FL 32789										FL	Zip Cod	e
8. The above the obligat	riamed entit tions of regis	y submits this statement for tered agent.	the purp	ose of changing its	register	ed office or	register	ed agent, or both	n. in the State of F	lortda. Tam t	familiar with,	and accept
SIGNAŤURE.	Signature, typed	or printed name of registered agent of	and title if epp	licutale (NOTE	: Registere	c Agent signat	ure recursed	: when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution.								
	_					-		\$5.00 May Be Added to Fees		Make check rida Depar		
10.	Due by N		RECTORS			-		Added to Fees		rida Depar	tment of S	late
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOSKA, 650 N. W	OFFICERS AND DIR	RECTORS		11. TITLE NAM	lon.		Added to Fees	Flo	rida Depar	tment of S	late
TITLE NAME STREET ADDRESS	P WOSKA, 650 N. W WINTER VP HARRIS, 650 N WY	OFFICERS AND DIF		Trust Fund C	11. TITLI NAM STRE CITY TITLI NAM STRE	E E ET ADDRESS - SF - ZIP		Added to Fees	Flo	rida Depar	tment of S	late I 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P WOSKA, 650 N. W WINTER VP HARRIS, 650 N WY WINTER DS MALONE 650 WYM	DAVID YMORE RD. STE 103 PARK, FL 32789 ROBERT (MORE ROAD, SUITE 2		Trust Fund C	Ontribut 11. TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	E E ADDRESS -ST-ZIP E E ET ADDRESS		Added to Fees	Flo	rida Depar	tment of S RECTORS IN	I 10 Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP BILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P WOSKA, 650 N, W WINTER VP HARRIS, 650 N W WINTER DS MALONE 650 W WINTER DT WOSKA, 650 W MOSKA, 650 W MOSKA,	OFFICERS AND DIF DAVID YMORE RD. STE 103 PARK, FL 32789 ROBERT YMORE ROAD, SUITE 2 PARK, FL 32789 Y, VANCE J RORE ROAD, STE. 101 PARK, FL 32789		Trust Fund C	11. TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY	EE LUC		Added to Fees	Flo	rida Depar	trinent of S	100 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	P WOSKA, 650 N, W WINTER VP HARRIS, 650 N WY WINTER DS MALONE 650 WYM WINTER DT WOSKA, 650 WYM WINTER DT ZILIOLI, A 650 WYM	OFFICERS AND DIR OFFICERS AND DIR DAVID YMORE RD. STE 103 PARK, FL 32789 ROBERT YMORE ROAD, SUITE 2 PARK, FL 32789 Y, VANCE J IORE ROAD, STE. 101 PARK, FL 32789 DAVID IORE ROAD, STE. 103 PARK, FL 32789		Trust Fund C	11. TITLI NAM STRE CITY	EE ADDRESS -ST-ZIP EE ADDRESS -ST-ZIP EE ADDRESS -ST-ZIP EE EET ADDRESS -ST-ZIP EE EET ADDRESS -ST-ZIP		Added to Fees	Flo	rida Depar	trient of S RECTORS IN Change Change	TO Addition Addition Addition Addition

12. Thereby 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: