


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 07, 2008 8:00 am**  
**Secretary of State**

08-07-2008 90062 023 \*\*\*\*61.25

<b>DOCUMENT # N98000004238</b> 1. Entity Name <b>650 WYMORE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>650 WYMORE ROAD, STE. 102 WINTER PARK, FL 32789</b>			Mailing Address <b>650 N. WYMORE RD. STE 103 WINTER PARK, FL 32789</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address <b>1180 SPRING CENTRE SO. BLVD.</b> Suite, Apt. #, etc. <b>102</b> City & State <b>ALTAMONTE SPRINGS, FL</b> Zip                      Country <b>32714                      USA</b>			
4. FEI Number <b>59-3527836</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WOSKA, DAVID 650 N WYMORE RD STE 102 WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent Name <b>W. SUE MACLARTY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1180 SPRING CENTRE SO. BLVD</b> <b>SUITE 102</b> City <b>ALTAMONTE SPRINGS</b> <b>FL</b> Zip Code <b>32792</b>		
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 <i>W. Sue MacLarty</i> <span style="float: right;">8/1/08</span> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOSKA, DAVID 650 N. WYMORE RD. STE 103 WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRIS, ROBERT 650 N WYMORE ROAD, SUITE 201 WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MALONEY, VANCE J 650 WYMORE ROAD, STE. 101 WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WOSKA, DAVID 650 WYMORE ROAD, STE. 103 WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ZILIOLI, ARMAND 650 WYMORE RD STE 102 WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	.	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	.	<input type="checkbox"/> Delete			
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: <i>David J. Woska</i>		<b>MANAGER</b>		<b>7/30/08 (407) 645-4320</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					