2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N98000004238

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

Current Principal Place of Business:

650 WYMORE ROAD, STE. 102
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1180 SPRING CENTRE SO. BLVD
102
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3527836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACLARTY, W. SUE
1180 SPRING CENTRE SO. BLVD
SUITE 102
ALTAMONTE SPRINGS, FL 32792 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:	P	( ) Delete
Name:	WOSKA, DAVID	
Address:	650 N. WYMORE RD. STE 103	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	VP	( ) Delete
Name:	HARRIS, ROBERT	
Address:	650 N WYMORE ROAD, SUITE 201	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	DS	( ) Delete
Name:	MALONEY, VANCE J	
Address:	650 WYMORE ROAD, STE. 101	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	DT	( ) Delete
Name:	WOSKA, DAVID	
Address:	650 WYMORE ROAD, STE. 103	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	DT	( ) Delete
Name:	ZILIOLI, ARMAND	
Address:	650 WYMORE RD STE 102	
City-St-Zip:	WINTER PARK, FL 32789	

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:	
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: DAVID WOSKA P 04/13/2009

Electronic Signature of Signing Officer or Director — Date