

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000004673 1. Entity Name WL PETERSON PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4729 SWIFT ROAD SARASOTA FL 34231		Mailing Address 4729 SWIFT ROAD SARASOTA FL 34231			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0856805 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/07)	
6. Name and Address of Current Registered Agent PETERSON, MATTHEW C 4729 SWIFT ROAD SARASOTA FL 34231			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature is required when re-registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERSON, MATTHEW C 4729 SWIFT ROAD SARASOTA FL 34231	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000824958 02/20/08-80100-008 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PETERSON, GUY 4729 SWIFT ROAD SARASOTA FL 34231	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PETERSON, ANDREW 4729 SWIFT ROAD SARASOTA FL 34231	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Handwritten Signature]

2-6-08