2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N98000004673

Entity Name: WL PETERSON PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4729 SWIFT ROAD
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

4729 SWIFT ROAD
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 65-0856805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERSON, MATTHEW C
4729 SWIFT ROAD
SARASOTA, FL 34231 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: PD ( ) Delete
Name: PETERSON, MATTHEW C
Address: 4729 SWIFT ROAD
City-St-Zip: SARASOTA, FL 34231

Title: VPD ( ) Delete
Name: PETERSON, GUY
Address: 4729 SWIFT ROAD
City-St-Zip: SARASOTA, FL 34231

Title: STD ( ) Delete
Name: PETERSON, ANDREW
Address: 4729 SWIFT ROAD
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PETERSON, MATTHEW C DMD
Address: 4729 SWIFT ROAD
City-St-Zip: SARASOTA, FL 34231

Title: VPD (X) Change ( ) Addition
Name: PETERSON, GUY W AIA
Address: 4729 SWIFT ROAD
City-St-Zip: SARASOTA, FL 34231

Title: STD (X) Change ( ) Addition
Name: HERBOLD, ROBERT F DPM
Address: 4717 SWIFT ROAD
City-St-Zip: SARASOTA, FL 34231

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: MATTHEW C PETERSON DR 04/21/2009

Electronic Signature of Signing Officer or Director — Date