

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 07 1996 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Moriham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744365 (8)

1. Corporation Name
THE FIRST PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 8042 PORPOISE DR MARATHON FL 33050	Mailing Address 8042 PORPOISE DR MARATHON FL 33050
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3. Date Incorporated or Qualified 09/25/1978	3a. Date of Last Report 02/06/1995
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2. Principal Place of Business 21 5701 Overseas Hwy Suite, Apt. #, etc. 22 City & State 23 Marathon FL Zip 24 33050	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	4. FEI Number 59-1949221 Applied For Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
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9. Name and Address of Current Registered Agent PIERCE, CHARLOTTE, S 8042 PORPOISE DR MARATHON, FL FL 33050	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, TOM	1.2 NAME	
STREET ADDRESS	5701 OVERSEAS HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROCHE, BENJAMIN	2.2 NAME	
STREET ADDRESS	5701 OVERSEAS HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	MCQUEEN, DOROTHY	3.2 NAME	
STREET ADDRESS	5701 OVERSEAS HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, BARBARA	4.2 NAME	
STREET ADDRESS	5701 OVERSEAS HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BENJAMIN ROCHE **1/30/96 305-743-4708**

CR2037 (12/95)