

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90212 014 ****61.25

DOCUMENT # 744365

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



Principal Place of Business

**5701 OVERSEAS HWY
MARATHON FL 33050
US**

Mailing Address

**8042 PORPOISE DR
MARATHON FL 33050**

2. Principal Place of Business

3. Mailing Address

P.O. Box 56

Suite, Apt. #, etc.

City & State

Marathon FL

Zip

33050

Country

USA

4. FEI Number **59-1949221**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PIERCE, CHARLOTTE, S
8042 PORPOISE DR
MARATHON, FLA. FL 33050**

7. Name and Address of New Registered Agent

Name **William N. Devane, Jr.**

Street Address (P.O. Box Number is Not Acceptable)

5701 Overseas Highway, Ste. 12

Marathon

FL

33050

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

William N. Devane, Jr.

2-10-03

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **STD** ☐ Delete
NAME **DEVANE, WM**
STREET ADDRESS **5701 OVERSEAS HIGH**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE **VPD** ☐ Delete
NAME **ROCHE, BENJAMIN**
STREET ADDRESS **5701 OVERSEAS HWY**
CITY-ST-ZIP **MARATHON FL**

TITLE **PD** ☐ Delete
NAME **MCQUEEN, DOROTHY**
STREET ADDRESS **5701 OVERSEAS HWY**
CITY-ST-ZIP **MARTHON FL**

TITLE **D** ☐ Delete
NAME **LADRE, ROSIE**
STREET ADDRESS **5701 OVERSEA HWY #1**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

William N. Devane, Jr.
STATE SECRETARY REQUIRED

2/11/03

305-743-4703

Daytime Phone #

CR2E037 (10/02)