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Jun 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761961 (2)

1. Corporation Name

VILLAGE COURT PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1245 COURT ST #104
CLEARWATER FL 34616-5856

Mailing Address

1245 COURT ST #104
CLEARWATER FL 34616-5856

2. Principal Place of Business

21 1245 COURT ST

Suite, Apt. #, etc.

22 #100

City & State

23 CLEARWATER, FL

Zip

24 34616

Country

2a. Mailing Address

26 1245 COURT ST

Suite, Apt. #, etc.

27 #100

City & State

28 CLEARWATER

Zip

29 34616

Country

30

3. Date Incorporated or Qualified

02/15/1982

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2198847

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

9. Name and Address of Current Registered Agent

KORONES, N DAVID
1245 COURT ST STE 104
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

JAMES W STEWART

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

1245 COURT ST STE 100

83

84 City

CLEARWATER

FL

85 Zip Code

34616

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PVD ☒ DELETE

NAME KORONES, N DAVID
STREET ADDRESS 1245 COURT ST #100
CITY-ST-ZIP CLEARWATER FL

TITLE SD ☐ DELETE

NAME BROWN, SUSAN J
STREET ADDRESS 1205 BAY SHORE DR
CITY-ST-ZIP SAFETY HARBOR FL

TITLE D ☐ DELETE

NAME BROWN, STEPHEN D.
STREET ADDRESS 1205 BAY SHORE DR
CITY-ST-ZIP SAFETY HARBOR FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME JAMES W. STEWART
1.3 STREET ADDRESS 1245 COURT ST STE 100
1.4 CITY-ST-ZIP CLEARWATER, FL 34616

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VD ☒ Change ☐ Addition

3.2 NAME BROWN, STEPHEN D.
3.3 STREET ADDRESS 1205 BAY SHORE DR
3.4 CITY-ST-ZIP SAFETY HARBOR FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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

[Signature]

4/30/97

01/14/143820

CR2E037 (9/96)