

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 02/15/1982	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 1245 COURT ST Suite, Apt. #, etc. 22 # 100 City & State 23 CLEARWATER, FL Zip 24 34616	2a. Mailing Address 26 1245 COURT ST Suite, Apt. #, etc. 27 # 100 City & State 28 CLEARWATER Zip 29 34616
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4. FEI Number 59-2198847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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]* DATE: **4/30/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PVD	<input checked="" type="checkbox"/> DELETE
NAME	KORONES, N DAVID	
STREET ADDRESS	1245 COURT ST #100	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BROWN, SUSAN J	
STREET ADDRESS	1205 BAY SHORE DR	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, STEPHEN D.	
STREET ADDRESS	1205 BAY SHORE DR	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

[Handwritten: 6-13-97]

[Handwritten: Use dep \$61.25]

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]* DATE: **4/30/97** (01214143820)

CR2E037 (9/96)