

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761961
 1. Corporation Name
VILLAGE COURT PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1245 Court Street Suite 102 Clearwater, FL 33756	Mailing Address 1245 Court Street Suite 102 Clearwater, FL 33756
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3. Date Incorporated or Qualified 2/15/82	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2198847	

2. Principal Place of Business 21 same as above	2a. Mailing Address 26 same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
James W. Stewart
1245 Court Street, Suite 100
Clearwater, FL 34616

10. Name and Address of New Registered Agent

81 Name Alan S. Gassman
82 Street Address (P.O. Box Number is Not Acceptable) 1245 Court Street, Suite 102
83
84 City Clearwater
FL 85 Zip Code 33756

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 **6/29/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE President <input type="checkbox"/> DELETE	NAME Alan S. Gassman 33756
STREET ADDRESS 1245 Court St. #102, Clearwater, FL	CITY-ST-ZIP
TITLE Director <input type="checkbox"/> DELETE	NAME James W. Stewart 33756
STREET ADDRESS 1245 Court St. #100, Clearwater, FL	CITY-ST-ZIP
TITLE Director <input type="checkbox"/> DELETE	NAME Dr. Sidney Merin 33756
STREET ADDRESS 1245 Court St. #103, Clearwater, FL	CITY-ST-ZIP
TITLE Director <input type="checkbox"/> DELETE	NAME Stephen P. Coleman 33756
STREET ADDRESS 1245 Court St. #104, Clearwater, FL	CITY-ST-ZIP
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
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 checked="" 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

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14. 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 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 **6/29/98** **813-442-1200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)