


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 761961
 1. Entity Name
 VILLAGE COURT PROFESSIONAL CENTER
 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1245 COURT STREET, STE. 102 CLEARWATER, FL 33756	Mailing Address 1245 COURT STREET, STE. 102 CLEARWATER, FL 33756
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DO NOT WRITE IN THIS SPACE



07062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2198847	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GASSMAN, ALAN S
 1245 COURT STREET, STE. 102
 CLEARWATER, FL 33756

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GASSMAN, ALAN S 1245 COURT STREET, STE. 102 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEBBER, SHELLEY 1245 COURT STREET, STE. 102 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOPCHINSKI, ROBIN 1245 COURT STREET, STE. 102 CLEARWATER, FL 33756
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 07/09/04-80006-006 61.25

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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 to this address, with all other like empowered.

SIGNATURE: _____ **7/7/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #