

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 762747 (4)
1. Corporation Name
PROFESSIONAL PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
3717 DE: PRADO BLVD
~~SUITE 4~~
CAPE CORAL FL 33904
3717 DE: PRADO BLVD
~~SUITE 4~~
CAPE CORAL FL 33904

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 **Suite #3** **27** **Suite #3**
City & State City & State
23 **28**
Zip Country Zip Country
24 **25** **29** **30**

3. Date Incorporated or Qualified **04/06/1982** 3a. Date of Last Report **06/21/1995**
4. FEI Number ~~88-8050000~~ **65-0106738** Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional**
Fee Required
6. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution 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
KEYSTONE REALTY GROUP INC.
3717 DEL PRADO BLVD
SUITE 4
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent
81 Name **David G. Skehan**
82 Street Address (P.O. Box Number is Not Acceptable)
3717 Del Prado Blvd.
83 **Suite #3**
84 City **Cape Coral** **FL** **85** Zip Code **33904**

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 *David G. Skehan* **David G. Skehan** **6/26/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE **D** ☒ DELETE
NAME **CARPENTER, MARK**
STREET ADDRESS **3717 DEL PRADO BLVD.**
CITY - ST - ZIP **CAPE CORAL, FLORIDA 00000**
TITLE **D** ☒ DELETE
NAME **TAYLOR, BEVERLY**
STREET ADDRESS **3717 DEL PRADO BOULEVARD**
CITY - ST - ZIP **CAPE CORAL FL**
TITLE **D** ☒ DELETE
NAME **MC CARTY, RONALD**
STREET ADDRESS **18292 DEEP PASSAGE LANE**
CITY - ST - ZIP **FT. MYERS BEACH 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 ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **Skehan, David G.**
1.4 CITY - ST - ZIP **3717 Del Prado Blvd, Suite #3**
Cape Coral, FL 33904 ☒ Change ☐ Addition
2.1 TITLE **D**
2.2 NAME **Shrenkengost, Beverly**
2.3 STREET ADDRESS **3717 Del Prado Blvd., Suite #5**
2.4 CITY - ST - ZIP **Cape Coral, FL 33904**
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **Geltner, Robert**
3.4 CITY - ST - ZIP **3717 Del Prado Blvd., Suite #2**
Cape Coral, FL 33904
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *David G. Skehan* **David G. Skehan, President** **6/26/96** **(941) 540-2299**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)