2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 07, 2007 08:00 All Secretary of State **DOCUMENT # 762747** 1. Enlity Namo PROFESSIONAL PLACE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 3717 DEL PRADO BLVD. 3717 DEL PRADO BLVD. SUITE 3 CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State Applied For City & State 4. FEI Number 65-0106738 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SKEHAN, DAVID G. Street Address (P.O. Box Number is Not Acceptable) 3717 DEL PRADO BLVD. SUITE 3 CAPE CORAL FL 33904 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. THLE ☐ Delete TITLE Change NAME SKEHAN, DAVID NAME U00000626139 STREET ADDRESS STREET ADDRESS 02/15/07-80005-021 61.25 3717 DEL PRADO BLVD #3 CITY-ST-7IP CITY-ST-7IP CAPE CORAL FL 33904 Detete ☐ Change TITLE THE Addition NAME TAYLOR, BEVERLY NAME STREET ADDRESS STREET ADDRESS 3717 DEL PRADO BLVD#5 CITY-S1-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME ~ -SKEHAN, JOANNE M. STREET ADDRESS STREET ADDRESS 3717 DEL PRADO BLVD #3 CITY-ST-2IP CITY-ST-ZIP CAPE CORAL FL 33904 TITLE Delete TITLE Change ☐ Addition NAME NAME SMITH, FREDERICK STREET ADDRESS STREET ADDRESS 3717 DEL PRADO BLVD #2 CITY-SI-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 Delete TITLE TITLE ☐ Change ☐ Addilion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P THE Delete TITLE Change ■ Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

FILED

SIGNATURE: Dan Jalelon DAVID G. SKEHAN 45/07 239-540-2299