


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 768840
 1. Entity Name
 5550 PROFESSIONAL BUILDING ASSOCIATION, INC.



Principal Place of Business 5550 26TH ST. W. SUITE 3 BRADENTON, FL 34207 US	Mailing Address 5550 26TH ST. W. SUITE 3 BRADENTON, FL 34207 US
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01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2407216	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
 WESTERHOFF, DONALD P
 5550 26TH ST W
 SUITE 3
 BRADENTON, FL 34207

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

Filing Fee is \$61.25
Due by May 1, 2007

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

U00000581616
 01/10/07-80094-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WESTERHOFF, DONALD 5550 26TH STREET WEST SUITE #3 BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WESTERHOFF, LYNNE 5550 26TH STREET WEST, SUITE 3 BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIERCE, SHARYL M 5550 26TH STREET WEST, SUITE 3 BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/4/07** **(941) 752-1159**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #