


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000005891 1. Entity Name NORCROSS PROFESSIONAL CENTER OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 2420 JENKS AVE UNIT 6 PANAMA CITY, FL 32405	Mailing Address 2420 JENKS AVE UNIT 6 PANAMA CITY, FL 32405
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01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3638089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRUDNICKI, GREG
 2420 JENKS AVE
 UNIT 6
 PANAMA CITY, FL 32405

DO NOT WRITE IN THIS SPACE

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)

Signature, typed or printed name of registered agent and title if applicable _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

U000003886172
 04/18/08-80044-020 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRUDNICKI, GREG 2420 JENKS AVE. UNIT 6 PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BRUDNICKI, EVELYN 2420 JENKS AVE. UNIT 6 PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUDNICKI, ADAM 2720 TRACY LANE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 title empowered.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date 4/4/08 Daytime Phone # _____