

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000481

FILED
Apr 10, 2009
Secretary of State

Entity Name: 970 PROFESSIONAL CENTER COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

970 KINGS HWY.
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

Current Mailing Address:

%2421 SHREVE ST STELLS
PUNTA GORDA, FL 33950

New Mailing Address:

C/O 2421 SHREVE ST STELLS
PUNTA GORDA, FL 33950

FEI Number: 33-1062934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANG, TODD B
314 TAMIAMI TRAIL
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

LANG, TODD B
314 TAMIAMI TRAIL#112
PUNTA GORDA, FL 33950 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

04/10/2009

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LANG, TODD B
Address: 314 TAMIAMI TRAIL
City-St-Zip: PUNTA GORDA, FL 33950

Title: STD () Delete
Name: LANG, LUCINDA
Address: 26403 DEEP CREEK BLVD.
City-St-Zip: PUNTA GORDA, FL 33983

Title: D () Delete
Name: SMOLINSKI, DONNA L
Address: 970 KINGS HIGHWAY STE 3
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY M. BENNETT

Electronic Signature of Signing Officer or Director

CAM

04/10/2009

Date