2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 08:00 AM Secretary of State

1. Entity Name ROCKLEDGE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC. Principal Place of Business 1269US HWY 1 ROCKLEDGE, FL 32955 ROCKLEDGE, FL 32955 Meiling Address 1269US HWY 1 ROCKLEDGE, FL 32955 DO NOT WRITE IN THIS SPACE 01032007 No Chg-NP CR2E037 (4/06) 4. FEI Number 20-0786604 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent RAHAL, NICK N 1269US HWY 1 ROCKLEDGE, FL 32955	ANNUAL REPORT					C4	
ROCKLEDGE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC. Proppil Place of fluiness 1269IS HWY 1 ROCKLEDGE, FL 32955 TEST NOTICE IN THIS SPACE O1032007 No Chg-NP CR2E037 (4/06) O1032007 No Chg-NP CR2E037 (4/06) OR Applicable O1032007 No Chg-NP CR2E037 (4/06) Rockledge, FL 32955 O1032007 No Chg-NP CR2E037 (4/06) Rockledge, FL 32956 O1032007 No Chg-NP CR2E037 (4/06) Rockledge, FL 32956 ONOT WRITE IN THIS SPACE ON NOT WRITE IN THIS SPACE ON NOT WRITE IN THIS SPACE ON NOT WRITE IN THIS SPACE Filling Fee is \$81.25 Due by May 1, 2007 OFFICERS AND DIRECTORS Trust Fund Contribution. OFFICERS AND DIRECTORS THAT FUND ON NOT WRITE IN THIS SPACE S5.00 May be Added to Fees OFFICERS AND DIRECTORS U000000671492 03/28/707-80031-003 61.0 OFFICERS AND DIRECTORS OFFICERS AND DIRE						Secretary of Sta	
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RAHAL, NICK N 1289US HWY 1 ROCKLEDGE, FL 32955 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Foe is \$81.25 Due by May 1, 2007 Purpose of changing its registered Agent separated Agent				CE	01032007 4. FEI Numb 20-078	No Chg-NP CR2E037 (4/06) er Applied For 16604 Not Applicable Applied For Not Applicable Applied For Not Applicable	
The obligations of registered agent. SIGNATURE Signature, hosed or printed name of registered agent and take if applicable (NOTE Registered Agent agrative required when revisitation) Filling Fee Is \$81.25 Due by May 1, 2007 9. Election Campalign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TILLE DP NAME RAHAL, NICK N STREET ADDRESS TREET ADDRESS TREET ADDRESS CITY-ST-2IP ROCKLEDGE, FL 32955 TILLE DST RAHAL, MELISSA M STREET ADDRESS CITY-ST-2IP TILLE NAME STREET ADDRESS CITY-ST-2IP TILLE TIL	RAHAL, NICK N 1269US HWY 1						
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TITLE	T. 100 10 40 1120				.00 May Be led to Fees		
NAME STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 ITITLE DV RAHAL, NICK SR. STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 ITITLE DST RAHAL, MELISSA M STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 ITITLE DST RAHAL, MELISSA M 1269 US HWY 1 ROCKLEDGE, FL 32955 ITITLE MAME STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 ITITLE NAME STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 ITITLE NAME STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 ITITLE NAME STREET ADDRESS CITY-ST-ZIP ROCKLEDGES ITITLE NAME STREET ADDRESS CITY-ST-ZIP ROCKLEDGES ITITLE RAME STREET ADDRESS CITY-ST-ZIP ROCKLEDGES ITITLE RAME STREET ADDRESS CITY-ST-ZIP ITITLE RAME STREET ADDRESS ITIT	10.	OFFICERS AND D	IRECTORS	_	··		
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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:

STREET ADDRESS CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oate

Daytime Phone #