

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002243

FILED
Aug 12, 2009
Secretary of State

Entity Name: ST. JOHN'S PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11215 ST. JOHNS INDUSTRIAL PKWY.
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

11215 ST. JOHNS INDUSTRIAL PKWY.
JACKSONVILLE, FL 32246

New Mailing Address:

P O BOX 330052
ATLANTIC BEACH, FL 32233

FEI Number: 20-8577161 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MORVILLO, ROBERT
6104 EAGLES NEST DR.
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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

_____ Date

OFFICERS AND DIRECTORS:

Title: PSTV () Delete
Name: MORVILLO, ROBERT G
Address: 11215 ST. JOHNS INDUSTRIAL PKWY.
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: MORVILLO, ROBERT G
Address: 11215 ST. JOHNS INDUSTRIAL PKWY.
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: MORVILLO, GERALD G
Address: 11215 ST. JOHNS INDUSTRIAL PKWY.
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: MORVILLO, CHARLES
Address: 11215 ST. JOHNS INDUSTRIAL PKWY.
City-St-Zip: JACKSONVILLE, FL 32246

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:

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: ROBERT G MORVILLO

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08/12/2009

Electronic Signature of Signing Officer or Director

_____ Date