

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90358 035 ****61.25

DOCUMENT # N20977

1. Entity Name

KEY WEST PROFESSIONAL CENTRE CONDOMINIUM ASSOCIA

Principal Place of Business

Mailing Address

1342 COLONIAL BLVD
 G 501
 FT MYERS FL 33907
 US

1342 COLONIAL BLVD
 G 501
 FT MYERS FL 33907-1013
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0006856

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZEHNER, CLAYTON
1342 COLONIAL BLVD.
E-34
FT. MYERS FL 33907

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZEHNER, CLAYTON R	
STREET ADDRESS	1342 COLONIAL BLVD STE G501	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D.	<input type="checkbox"/> Delete
NAME	DIORENZO, TANYA	
STREET ADDRESS	13700 RICHMOND PARK DR NORTH #908	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	ZEHNER, LORA	
STREET ADDRESS	1342 COLONIAL BLVD STE G501	
CITY-ST-ZIP	FORT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED Clayton Zehner 4/28/00 (941) 275-7337
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)