
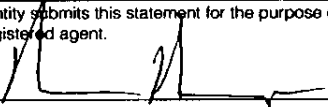
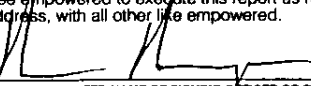


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90057 006 ****61.25

DOCUMENT # N20977 1. Entity Name KEY WEST PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1342 COLONIAL BLVD SUITE D - 25 FT-MYERS, FL 33907 US		Mailing Address 1342 COLONIAL BLVD - 12651 World Plaza Lane SUITE D - 25 FT MYERS, FL 33907 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 12651 World Plaza Ln	
City & State Ft Myers		4. FEI Number 65-0006856	
Zip 33907		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAIDRY, JAMES 1342 COLONIAL BLVD., STE D - 25 FT MYERS, FL 33907		7. Name and Address of New Registered Agent Name: HERMAN HAUGEN Street Address (P.O. Box Number is Not Acceptable): 12651 World Plaza Ln City: Ft Myers FL Zip Code: 33907	
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: 		DATE:	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE: P NAME: GAIDRY, JAMES STREET ADDRESS: 1342 COLONIAL BLVD STE D-25 CITY-ST-ZIP: FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VP NAME: CARRER, LEON STREET ADDRESS: 1342 COLONIAL BLVD STE BLDG E CITY-ST-ZIP: FORT MYERS, FL	<input checked="" type="checkbox"/> Delete	TITLE: President NAME: Carrer, Leon STREET ADDRESS: 1342 Colonial Blvd, K101 CITY-ST-ZIP: Fort Myers FL 33901	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: BM NAME: O'GROSKY, ROBERT STREET ADDRESS: 1342 COLONIAL BLVD C-22 CITY-ST-ZIP: FT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete	TITLE: Ward Bush NAME: Ward Bush STREET ADDRESS: 1342 Colonial Blvd. Q30 CITY-ST-ZIP: Fort Myers FL 33907	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PM NAME: HAUGEN, HERMAN STREET ADDRESS: 12651 WORLD PLAZA LANE CITY-ST-ZIP: FORT MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE: Sells, Ann NAME: Sells, Ann STREET ADDRESS: 1342 Colonial Blvd C 21 CITY-ST-ZIP: Fort Myers FL 33907	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		1130108 239-275-5330	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: Daytime Phone #	