

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90034 007 ****61.25

DOCUMENT # N20977

1. Entity Name

KEY WEST PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**1342 COLONIAL BLVD
K101
FT MYERS FL 33907
US**

Mailing Address

**1342 COLONIAL BLVD
K101
FT MYERS FL 33907
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0006856**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ZEHNER, CLAYTON
1342 COLONIAL BLVD
K101
FT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name

ROBERT A. HULL

Street Address (P.O. Box Number is Not Acceptable)

1342 COLONIAL BLVD., STE. C 20

City

FORT 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 Robert A. Hull Association President Robert A. Hull 01/14/03
Signature, typed or printed name of registered agent and title if applicable. (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HULL, ROBERT	
STREET ADDRESS	1342 COLONIAL BLVD STE C-20	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZEHNER, LORA	
STREET ADDRESS	1342 COLONIAL BLVD STE G501	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAREH, AHMED	
STREET ADDRESS	1342 COLONIAL BLVD	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: ROBERT HULL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert A. Hull 01/14/03 (239) 939-5588