## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

THE RRANDON PROFESSIONAL BILLIDING CONDOMINIUM AS

## **FILED** Feb 06 1998 8:00am Secretary of State

SOCIATION, INC.					
Principal Place of Business		Mailing Address		i touste emeat milm: tatit hight alle tant minit a	LOSE ALDIT BERLY DIRECT WINDS TRACE
824 E. FLETCH -TAMPA FL 3361		.924-EFLETCHER-AVENDE -TAMPA-FL-33612		3. Date Incorporated or Qualified  05/20/1981  4. FEI Number	Applied For
				59-2195725	Not Applicable
2. Principal P	lace of Business	2a. Mailing Address			\$8.75 Additional
21 7001 TEMPLE TERRACE HWY. 26 7001 TEMPLE		TERRACE HWY.	5. Certificate of Status Desired	Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & State of DD DACED BY		TEMPLE TERRACE, FL		7. Is this nonprofit corporation a homeowners association?	
23		28		Yes □ No	
Zip 33637	Country 25	Zip 33637	Country	This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible  DayYes  No
	9. Name and Address of Current			10. Name and Address of New Registered	Agent
81 Name					
LIEB, PATRICIA 82 Street Addres				ress (P.O. Box Number is Not Acceptable)	
C/O ANDERSN & ORCUTT, P.A.				oss (i .o. box Nambel is Not Acceptace)	
501 EAST KENNEDY BLVD, SUITE 1100			83		
TAMPA EL 22002			04 07		(a=) 7% O-1
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when				red when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS .	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PD	☐ DELETE	1,1 TITLE		Change Addition
NAME	Nobel, John		1.2 NAME		
STREET ADDRESS	500 VONDERBURG DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	Brandon Fl		1.4 CITY-ST-ZIP		
TITLE	ŠD	☐ DELETE	2.1 TITLE		Change Addition
NAME	WARACH, JONATHAN		2.2 NAME		
STREET ADDRESS	500 vonderburg drive		2.3 STREET ADDRESS	o(§ ⊐ #:	
CITY-ST-ZIP	BRANDON FL		2. 4 CITY-ST-ZIP		
TITLE	VD	□ DELETE	3.1 TITLE		Change  Addition
NAME	JUDSON, FORREST		3.2 NAME		
STREET ADDRESS	500 VONDERBURG DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIF	BRANDON FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME		İ	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIF			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIF			6.4 CITY-ST-ZIP		
	ertify that the information symplied wit	h this filing does not qualify for the	he exemption stated in	Section 119.07(3)(i). Florida Statutes, I further of	certify that the information

Indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.