

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # N27469	
1. Entity Name MICHIGAN PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 1925 EAST MICHIGAN STREET, STE. 201 ORLANDO, FL 32806 US	Mailing Address 1925 EAST MICHIGAN STREET, STE. 201 ORLANDO, FL 32806 US



02022008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0113789	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ALONSO, RICARDO
1925 EAST MICHIGAN STREET
ORLANDO, FL 32806**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VT
NAME	RIVERON, MARIO
STREET ADDRESS	240 ROLLINGWOOD TRAIL
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL
TITLE	PS
NAME	ALONSO, RICARDO
STREET ADDRESS	1925 EAST MICHIGAN STREET
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	ALONSO, MARINGELES
STREET ADDRESS	1152 CHARMING ST
CITY-ST-ZIP	MAITLAND, FL
TITLE	D
NAME	RIVERON, HELIODORA
STREET ADDRESS	240 ROLLINGWOOD TRAIL
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000848479
03/20/08-80019-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-08

407 896 0324