# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered. SIGNATURE: ALAN S. GASSMAN PD 01/14/2015

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# 761961

Entity Name: VILLAGE COURT PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

### Current Principal Place of Business:

1245 COURT STREET, STE. 102 CLEARWATER, FL 33756

# **Current Mailing Address:**

1245 COURT STREET, STE. 102 CLEARWATER, FL 33756

# FEI Number: 59-2198847

## Name and Address of Current Registered Agent:

GASSMAN, ALAN S 1245 COURT STREET, STE. 102 CLEARWATER, FL 33756 US

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:

Electronic Signature of Registered Agent

## Officer/Director Detail :

Title	PD
Name	GASSMAN, ALAN S
Address	1245 COURT STREET, STE. 102
City-State-Zip:	CLEARWATER FL 33756

FILED Jan 14, 2015 Secretary of State CC1259918970

Certificate of Status Desired: No

Date

Date