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: DAVID G SKEHAN

I

Electronic Signature of Signing Officer/Director Detail

#### **DOCUMENT# 762747**

#### Entity Name: PROFESSIONAL PLACE CONDOMINIUM ASSOCIATION, INC.

## **Current Principal Place of Business:**

3717 DEL PRADO BLVD. SUITE 3 CAPE CORAL, FL 33904

# **Current Mailing Address:**

3717 DEL PRADO BLVD. SUITE 3 CAPE CORAL, FL 33904 US

## FEI Number: 65-0106738

## Name and Address of Current Registered Agent:

SKEHAN, DAVID G 3717 DEL PRADO BLVD. SUITE 3 CAPE CORAL, FL 33904 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	E DAVID G. SKEHAN			01/18/2018	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	D	Title	D		
Name	SKEHAN, DAVID G	Name	SKEHAN, JOANNE M.		
Address	3717 DEL PRADO BLVD.	Address	3717 DEL PRADO BLVD #3		
City-State-Zip:	SUITE 3 CAPE CORAL FL 33904	City-State-Zip:	CAPE CORAL FL 33904		
Title	D				
Name	SMITH, FREDERICK				
Address	3717 DEL PRADO BLVD #2				
City-State-Zip:	CAPE CORAL FL 33904				

PRESIDENT

01/18/2018

FILED Jan 18, 2018 Secretary of State CC3205702670

Certificate of Status Desired: No

Date