

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005891

**Entity Name:** NORCROSS PROFESSIONAL CENTER OWNERS' ASSOCIATION, INC.

**FILED  
Mar 08, 2013  
Secretary of State  
CC8104608749**

**Current Principal Place of Business:**

2420 JENKS AVE  
UNIT 6  
PANAMA CITY, FL 32405

**Current Mailing Address:**

2420 JENKS AVE  
UNIT 6  
PANAMA CITY, FL 32405

**FEI Number: 59-3638089**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BRUDNICKI, GREG  
2420 JENKS AVE  
UNIT 6  
PANAMA CITY, FL 32405 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name BRUDNICKI, GREG  
Address 2420 JENKS AVE. UNIT 6  
City-State-Zip: PANAMA CITY FL 32405

Title DST  
Name BRUDNICKI, EVELYN  
Address 2420 JENKS AVE. UNIT 6  
City-State-Zip: PANAMA CITY FL 32405

Title D  
Name BRUDNICKI, ADAM  
Address 2720 TRACY LANE  
City-State-Zip: PANAMA CITY FL 32405

*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: GREG BRUDNICKI**

**OWNER**

**03/08/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date