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. 01/28/2016

D

SIGNATURE: GREG BRUDNICKI

Electronic Signature of Signing Officer/Director Detail

1 City-State-Zip: PANAMA CITY FL 32405

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	DP	Title	DST
Name	BRUDNICKI, GREG	Name	BRUDNICKI, EVELYN
Address	2420 JENKS AVE. UNIT 6	Address	2420 JENKS AVE. UNIT 6
City-State-Zip:	PANAMA CITY FL 32405	City-State-Zip:	PANAMA CITY FL 32405
Title	D		
Name	BRUDNICKI, ADAM		
Address	2720 TRACY LANE		

Name and Address of Current Registered Agent:

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

PANAMA CITY, FL 32405 US

BRUDNICKI, GREG 2420 JENKS AVE

UNIT 6

Current Principal Place of Business:

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

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N0000005891

Secretary of State CC5603004627

Date

FILED Jan 28, 2016

Certificate of Status Desired: No

Date