

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001786

**Entity Name:** ROCKLEDGE PROFESSIONAL CENTER CONDOMINIUM  
ASSOCIATION, INC.

**FILED**  
**Feb 01, 2017**  
**Secretary of State**  
**CC8243043796**

**Current Principal Place of Business:**

1978 US1  
STE 106  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

1978 US1  
SUITE 106  
ROCKLEDGE, FL 32955

**FEI Number: 20-0786604**

**Certificate of Status Desired: No**

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

ADVANCED PROPERTY MANAGEMENT  
1978 US1  
SUITE 106  
ROCKLEDGE, FL 32955 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 RAZZINO, ROBERT  
Address 1978 US1  
SUITE 106  
City-State-Zip: ROCKLEDGE FL 32955

Title SECRETARY/TREASURER  
Name MOORE, VAN  
Address 1978 US1  
SUITE 106  
City-State-Zip: ROCKLEDGE FL 32955

Title DV  
Name GAGLIARDO, JOHN  
Address 1978 US1  
SUITE 106  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR  
Name SEBREE, KEN  
Address 1978 US1  
SUITE 106  
City-State-Zip: ROCKLEDGE FL 32955

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: VAN MOORE**

**SECRETARY/TREASURER 02/01/2017**

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

\_\_\_\_\_  
Date