

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008968

Entity Name: MORGAN PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.**FILED**
Feb 02, 2021
Secretary of State
5531226874CC**Current Principal Place of Business:**5481 WILES ROAD
#502
COCONUT CREEK, FL 33073**Current Mailing Address:**5481 WILES ROAD
501
COCONUT CREEK, FL 33073**FEI Number: 20-4317465****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SHERMAN, LANCE
5481 WILES ROAD
501
COCONUT CREEK, FL 33073 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	P
Name	SHERMAN, LANCE
Address	5481 WILES ROAD #501
City-State-Zip:	COCONUT CREEK FL 33073
Title	VP, TREASURER
Name	JOHN, LAMB
Address	5485 WILES ROAD, SUITE #407
City-State-Zip:	COCONUT CREEK FL 33073
Title	VP
Name	PENNA, JOSEPH
Address	5485 WILES RD. 103
City-State-Zip:	COCONUT CREEK FL 33073

Title	SECRETARY
Name	SHERMAN, LANCE
Address	5481 WILES ROAD #505B
City-State-Zip:	COCONUT CREEK FL 33073
Title	VP
Name	MABE, ROD
Address	STATE FARM-ROD MABE 5493 WILES RD 102
City-State-Zip:	COCONUT CREEK FL 33073

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: LANCE SHERMAN**PRESIDENT****02/02/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date