

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

DOCUMENT# N05000008909

**Entity Name:** THE MAHAN PROFESSIONAL CENTER PROPERTY OWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 28, 2017**  
**Secretary of State**  
**CC5082855010**

**Current Principal Place of Business:**

2818 INDUSTRIAL PLAZA DRIVE  
SUITE # D  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

PO BOX 12368  
TALLAHASSEE, FL 32317

**FEI Number:** 20-5020092

**Certificate of Status Desired:** No

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

KEENA, CHRIS M  
2818 INDUSTRIAL PLAZA DRIVE  
SUITE # D  
TALLAHASSEE, FL 32301 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	BASTIEN, RICHARD JP DR.
Address	2621 MITCHAM DRIVE SUITE # 102
City-State-Zip:	TALLAHASSEE FL 32308
Title	TREASURER
Name	MCCALLISTER, RAY
Address	1618 MAHAN CENTER BOULEVARD SUITE # 101
City-State-Zip:	TALLAHASSEE FL 32308

Title	VP
Name	WILKINS, DAVID
Address	1614 MAHAN CENTER BOULEVARD SUITE # 103
City-State-Zip:	TALLAHASSEE FL 32308
Title	SECRETARY
Name	HARPER, LARRY DR.
Address	2452 MAHAN DRIVE SUITE # 101
City-State-Zip:	TALLAHASSEE FL 32308

*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:** DR. RICHARD "JP" BASTIEN

**PRESIDENT**

**04/28/2017**

Electronic Signature of Signing Officer/Director Detail

Date