


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 728930
 1. Entity Name
 CARDINAL PROFESSIONAL CENTER ASSOCIATION, INC.



Principal Place of Business Mailing Address
 3003 CARDINAL DRIVE, SUITE C 3003 CARDINAL DRIVE, SUITE C
 VERO BEACH, FL 32963 VERO BEACH, FL 32963

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01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1526120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CASALINO, GREGG M
 3111 CARDINAL DR
 VERO BEACH, FL 32963

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OFFUTT, HARRY 3003 CARDINAL DRIVE VERO BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OFFUTT, HARRY C 3003 CARDINAL DRIVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARILYN, ANTONELLIS 3003 CARDINAL DR. VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DATD OFFUTT, SALLY M 3003 CARDINAL DRIVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/21/05-80084-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sally Offutt Date: 1/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #