

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 729470

1. Entity Name
**FORTENBERRY PROFESSIONAL BUILDING
ASSOCIATION, INC.**



Principal Place of Business
**255 FORTENBERRY RD.
SUITE B-6
MERRITT ISLAND, FL 32952**

Mailing Address
**255 FORTENBERRY RD.
SUITE B-6
MERRITT ISLAND, FL 32952**



02052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1618657

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RADU, MIHAI S MD
255 FORTENBERRY RD.
SUITE B-6
MERRITT ISLAND, FL 32952**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000644418
03/02/07-80041-013 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
RADU, MIHAI S
255 FORTENBERRY RD B-6
MERRITT ISLAND, FL 32952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
WHITE, ELI E
255 FORTENBERRY ROAD
MERRITT ISLAND, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ZECMAN, CHARLES
340 MANOR DRIVE
MERRITT ISLAND, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/07

321-453-1717