

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 744365
 1. Entity Name
 THE FIRST PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 5701 OVERSEAS HWY PD BOX 56
 MARATHON, FL 33050 US MARATHON, FL 33050



01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-1949221 Not Applicable

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

6. Name and Address of Current Registered Agent
 DEVANE, WILLIAM N JR
 5701 OVERSEAS HWY, STE 12
 MARATHON, FL 33050

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

Filing Fee is \$61.25
Due by May 1, 2006

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	STD DEVANE, WM 5701 OVERSEAS HIGH MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROCHE, BENJAMIN 5701 OVERSEAS HWY MARATHON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCQUEEN, DOROTHY 5701 OVERSEAS HWY MARTHON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADRE, ROSIE 5701 OVERSEA HWY #1 MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/18/06-80005-014 61.25

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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: William N Jr Devane Date: 1-10-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #