


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90075 001 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # 744365</b><br>1. Entity Name<br><b>THE FIRST PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.</b> |  |
|--|---|

|   |  |
|---|--|
| Principal Place of Business<br><b>5701 OVERSEAS HWY<br/>MARATHON, FL 33050 US</b> | Mailing Address<br><b>PO BOX 56<br/>MARATHON, FL 33050</b> |
|---|--|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |



07062007 Chg-NP CR2E037 (12/06)

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|---|--|--|
| 4. FEI Number<br><b>59-1949221</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b>                  |

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent<br><b>DEVANE, WILLIAM N JR<br/>5701 OVERSEAS HWY, STE 12<br/>MARATHON, FL 33050</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
|---|--|---|--|

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.

|  |   |  |  |
|--|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by September 14, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|--|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>DEVANE, WM<br>5701 OVERSEAS HIGH<br>MARATHON, FL 33050 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ROCHE, BENJAMIN<br>5701 OVERSEAS HWY<br>MARATHON, FL <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>MCQUEEN, DOROTHY<br>5701 OVERSEAS HWY<br>MARATHON, FL <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LADRE, ROSIE<br>5701 OVERSEA HWY #1<br>MARATHON, FL 33050 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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** **2/2/7** **Date** **Daytime Phone #**