
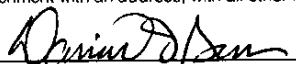


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90459 021 ****61.25

DOCUMENT # 755234 1. Entity Name PROFESSIONAL GARDENS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C. DURFEE MARSHALL 3443 F TAMiami TRAIL PORT CHARLOTTE, FL 33952			Mailing Address C. DURFEE MARSHALL 3443 F TAMiami TRAIL PORT CHARLOTTE, FL 33952		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2045491	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARSHALL, C DURFEE 110 RIO DE PAZ CHARLOTTE HARBOR, FL 33980			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSHALL, C DURFEE		NAME		
STREET ADDRESS	110 RIO DE PAZ		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980		CITY-ST-ZIP		
TITLE	STD <input type="checkbox"/> Delete		TITLE	T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SASS, DAVID J.		NAME	Sass, David J	
STREET ADDRESS	3443 TAMiami TRAIL		STREET ADDRESS	3443 Tamiami Trail	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	S D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DIBBLE, JOHN		NAME	McKenzie, Jennifer	
STREET ADDRESS	3443 TAMiami TRAIL		STREET ADDRESS	3443 Tamiami Trail	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, PATRICIA N		NAME		
STREET ADDRESS	3443 TAMiami TRAIL		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSHALL, JUDY		NAME		
STREET ADDRESS	3443 TAMiami TRAIL		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  DAVID J SASS			4-28-06 941-629-4868		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		