

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2045491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

FL

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

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

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

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 ☐ Delete
NAME **D**
STREET ADDRESS **MARSHALL, C DURFEE**
CITY- ST- ZIP **110 RIO DE PAZ
CHARLOTTE HARBOR FL 33980**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP **U000000832748
02/27/08-80072-006 61.25**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **SASS, DAVID J**
CITY- ST- ZIP **3443 TAMIAMI TRAIL
PORT CHARLOTTE FL 33952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **MCKENZIE, JENNIFER**
CITY- ST- ZIP **3443 TAMIAMI TRAIL
PORT CHARLOTTE FL 33952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **SCOTT, PATRICIA N**
CITY- ST- ZIP **3443 TAMIAMI TRAIL
PORT CHARLOTTE FL 33952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **MARSHALL, JUDY**
CITY- ST- ZIP **3443 TAMIAMI TRAIL
PORT CHARLOTTE FL 33952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 **DAVID J SASS TREAS 2/15/08 941-629-4868**