

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755234

FILED
Jan 15, 2009
Secretary of State

Entity Name: PROFESSIONAL GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C. DURFEE MARSHALL
3443 F TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

C. DURFEE MARSHALL
3443 F TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 59-2045491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSHALL, C DURFEE
110 RIO DE PAZ
CHARLOTTE HARBOR, FL 33980 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARSHALL, C DURFEE,
Address: 110 RIO DE PAZ
City-St-Zip: CHARLOTTE HARBOR, FL 33980

Title: TD () Delete
Name: SASS, DAVID J
Address: 3443 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SD () Delete
Name: MCKENZIE, JENNIFER
Address: 3443 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: PD () Delete
Name: SCOTT, PATRICIA N
Address: 3443 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP () Delete
Name: MARSHALL, JUDY
Address: 3443 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J SASS

TR

01/15/2009

Electronic Signature of Signing Officer or Director

Date