

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 755761**

1. Entity Name  
**CORAL SPRINGS PROFESSIONAL CENTER  
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**10235 W SAMPLE RD  
STE 201  
CORAL SPRINGS, FL 33065 US**

Mailing Address  
**10235 W SAMPLE RD  
STE 201  
CORAL SPRINGS, FL 33065 US**



01052007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2124211**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GILLESPIE, R. BOWEN  
1515 S. FEDERAL HWY.  
SUITE 300  
BOCA RATON, FL 33432**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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	PD RUDA, STUART 10235 W SAMPLE RD STE 201 CORAL SPG, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FELL, MADELINE 10239 W SAMPLE RD CORAL SPG, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DATA, RAJ L 10235 W SAMPLE RD STE 110 CORAL SPRINGS, FL 33065
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01/09/07-80038-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

**1/5/07**  
Date

**8V-753-8303**  
Daytime Phone #