

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 757679

1. Entity Name
**PENSACOLA ROAD OFFICE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**227 PENSACOLA ROAD
VENICE, FL 34285**

Mailing Address
**227 PENSACOLA ROAD
VENICE, FL 34285**



02232006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2093482

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MACRIS, STEVEN W
227 PENSACOLA ROAD
VENICE, FL 34285**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000447736
03/08/06-80072-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MACRIS, STEVEN W
STREET ADDRESS	227 PENSACOLA RD
CITY- ST- ZIP	VENICE, FL 34285
TITLE	VO
NAME	DULMER, JOHN J
STREET ADDRESS	229 PENSACOLA RD
CITY- ST- ZIP	VENICE, FL 00000, 34285
TITLE	D
NAME	NOVAK, GARY L. D.M.D.
STREET ADDRESS	223 PENSACOLA RD
CITY- ST- ZIP	VENICE, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/06

Date

Daytime Phone if _____