

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90034 026 \*\*\*\*61.25

<b>DOCUMENT # 757679</b> 1. Entity Name <b>PENSACOLA ROAD OFFICE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>227 PENSACOLA ROAD VENICE, FL 34285</b>			Mailing Address <b>227 PENSACOLA ROAD VENICE, FL 34285</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>223 PENSACOLA RD.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>VENICE, FLA.</b>			
Zip	Country	Zip <b>34285</b>	Country <b>USA</b>	4. FEI Number <b>59-2093482</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MACRIS, STEVEN W 227 PENSACOLA ROAD VENICE, FL 34285</b>			7. Name and Address of New Registered Agent Name <b>GARY L. NOVAK DML</b> Street Address (P.O. Box Number is Not Acceptable) <b>223 PENSACOLA RD.</b> City <b>VENICE</b>		
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 <u><i>Gary L. Novak DML</i></u> <b>GARY L NOVAK DML</b> <u>1-29-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MACRIS, STEVEN W 227 PENSACOLA RD VENICE, FL 34285	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DULMER, JOHN J 229 PENSACOLA RD VENICE, FL 00000, 34285	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVAK, GARY L. D.M.D. 223 PENSACOLA RD VENICE, FL 34285	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Gary L. Novak DML</i></u> <b>GARY L NOVAK DML</b> <u>1-29-07</u> <u>941-485-1111</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40000034



01282007 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

Zip Code  
34285