

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 A
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 223 PENSACOLA RD VENICE, FL 34285



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2093482	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NOVAK, GARY L DMD
223 PENSACOLA RD
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, 2008**

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

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01/17/08-80031-015 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:

GARY L. NOVAK DMD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY L. NOVAK DMD 1-11-08 941-485-1111
Date Daytime Phone #