2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2009
Secretary of State

DOCUMENT# 757679

Entity Name: PENSACOLA ROAD OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

227 PENSACOLA ROAD
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

223 PENSACOLA RD
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-2093482 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOVAK, GARY L DMD
223 PENSACOLA RD
VENICE, FL 34285 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: MACRIS, STEVEN W
Address: 227 PENSACOLA RD
City-St-Zip: VENICE, FL 34285

Title: VD ( ) Delete
Name: DULMER, JOHN J,
Address: 229 PENSACOLA RD
City-St-Zip: VENICE, FL 00000, 34285

Title: DP ( ) Delete
Name: NOVAK, GARY L. D.M.D.
Address: 223 PENSACOLA RD
City-St-Zip: VENICE, FL 34285

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: DP ( ) Change (X) Addition
Name: CURCIO, RICHARD
Address: 221 PENSACOLA RD.
City-St-Zip: VENICE, FL 34285

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: GARY L. NOVAK DMD DP 01/24/2009

Electronic Signature of Signing Officer or Director — Date