

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 761486

1. Entity Name
**STUART PROFESSIONAL CENTER CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**900 E OCEAN BLVD
SUITE 106
STUART, FL 34994-2140 US**

Mailing Address
**900 E OCEAN BLVD
SUITE 106
STUART, FL 34994-2140 US**



01122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2278765

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FENNIMAN, JOHN
900 EAST OCEAN BLVD
SUITE 120C
STUART, FL 34994**

**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, 2004**

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 FOGT, MIKE O.D. 900 EAST OCEAN BLVD, SUITE 106 STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FENNIMAN, JANICE 900 E OCEAN BLVD SUITE 120 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ZURICH, RICK %MARTIN MEMORIAL 300 HOSPITAL AVE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

00000008475
01/20/04-80066-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

Michael FOGT **Michael FOGT** **Jan 15, 2004** **287.2663**