

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90026 006 ****61.25

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**

4001004J



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2278765

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FOGT, MIKE O.D.
STREET ADDRESS 900 EAST OCEAN BLVD, SUITE 106
CITY-ST-ZIP STUART, FL

TITLE VD ☐ Delete
NAME FENNIMAN, JANICE
STREET ADDRESS 900 E OCEAN BLVD SUITE 120
CITY-ST-ZIP STUART, FL 34994

TITLE STD ☐ Delete
NAME ZURICH, RICK
STREET ADDRESS %MARTIN MEMORIAL 300 HOSPITAL AVE
CITY-ST-ZIP STUART, FL 34994

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

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: M. L. BGT M-L. BGT President

2-8-05

772-287-2663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #