



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 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		
DO NOT WRITE IN THIS SPACE		 01132006 No Chg-NP CR2E037 (11/05)		
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE		
TITLE	PD			
NAME	FOGT, MIKE O.D.			
STREET ADDRESS	900 EAST OCEAN BLVD, SUITE 106			
CITY-ST-ZIP	STUART, FL			
TITLE	VD			
NAME	FENNIMAN, JANICE			
STREET ADDRESS	900 E OCEAN BLVD SUITE 120			
CITY-ST-ZIP	STUART, FL 34994			
TITLE	STD			
NAME	ZURICH, RICK			
STREET ADDRESS	%MARTIN MEMORIAL 300 HOSPITAL AVE			
CITY-ST-ZIP	STUART, FL 34994			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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>M. FOGT</u> <u>MICHAEL FOGT</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1-18-06</u> <u>772-287-2663</u> <small>Date Daytime Phone #</small>		