

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761486

FILED
Mar 23, 2009
Secretary of State

Entity Name: STUART PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

900 E OCEAN BLVD
SUITE 106
STUART, FL 349942140 US

New Principal Place of Business:

900 EAST OCEAN BLVD.
SUITE B-210
STUART, FL 34994 US

Current Mailing Address:

900 E OCEAN BLVD
SUITE 106
STUART, FL 349942140 US

New Mailing Address:

900 EAST OCEAN BLVD.
SUITE B-210
STUART, FL 34994 US

FEI Number: 59-2278765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BURSON, ROBERT A
900 EAST OCEAN BLVD.
SUITE C-120
STUART, FL 34994 US

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: ROBERT A. BURSON

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: FOGT, MIKE O.D.
Address: 900 EAST OCEAN BLVD, SUITE 106
City-St-Zip: STUART, FL

Title: PD () Delete
Name: HARVIN, WESLEY II
Address: 900 E. OCEAN BLVD. #210B
City-St-Zip: STUART, FL 34994

Title: STD () Delete
Name: ZURICH, RICK
Address: %MARTIN MEMORIAL 300 HOSPITAL AVE
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: FOGT, MIKE O.D.
Address: 900 EAST OCEAN BLVD, SUITE A-106
City-St-Zip: STUART, FL 34994 US

Title: PD (X) Change () Addition
Name: HARVIN, WESLEY II
Address: 900 EAST OCEAN BLVD, SUITE B-210
City-St-Zip: STUART, FL 34994 US

Title: STD (X) Change () Addition
Name: ZURICH, RICK
Address: %MARTIN MEMORIAL, 300 HOSPITAL AVE
City-St-Zip: STUART, FL 34994 US

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: WESLEY HARVIN, II

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date