


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 762747</b> 1. Entity Name <b>PROFESSIONAL PLACE CONDOMINIUM ASSOCIATION, INC.</b>	
---	---

Principal Place of Business <b>3717 DEL PRADO BLVD. SUITE 3 CAPE CORAL FL 33904 US</b>	Mailing Address <b>3717 DEL PRADO BLVD. SUITE 3 CAPE CORAL FL 33904 US</b>
---	---



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
---	---

1st MOORE      CR2E037 (10/07)

City & State	4. FEI Number <b>65-0106738</b>
--------------	------------------------------------

Applied For
<input type="checkbox"/> Not Applicable

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
---

6. Name and Address of Current Registered Agent  <b>SKEHAN, DAVID G. 3717 DEL PRADO BLVD. SUITE 3 CAPE CORAL FL 33904</b>	7. Name and Address of New Registered Agent 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent in title (if applicable).      (NOTE: Registered Agent Signature is not used when changing)      DATE

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
--

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete SKEHAN, DAVID 3717 DEL PRADO BLVD #3 CAPE CORAL FL 33904
NAME	D <input type="checkbox"/> Delete TAYLOR, BEVERLY 3717 DEL PRADO BLVD#5 CAPE CORAL FL 33904
STREET ADDRESS	D <input type="checkbox"/> Delete SKEHAN, JOANNE M. 3717 DEL PRADO BLVD #3 CAPE CORAL FL 33904
CITY- ST- ZIP	D <input type="checkbox"/> Delete SMITH, FREDERICK 3717 DEL PRADO BLVD #2 CAPE CORAL FL 33904
CITY- ST- ZIP	<input type="checkbox"/> Delete
CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

000000803252  
02/05/08-80017-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *David G. Skehan*      **DAVID G. SKEHAN**      1/24/08      239-540-2299