

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762747

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** PROFESSIONAL PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3717 DEL PRADO BLVD.  
SUITE 3  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

3717 DEL PRADO BLVD.  
SUITE 3  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

**FEI Number:** 65-0106738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SKEHAN, DAVID G PRESIDE  
3717 DEL PRADO BLVD.  
SUITE 3  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SKEHAN, DAVID  
Address: 3717 DEL PRADO BLVD #3  
City-St-Zip: CAPE CORAL, FL 33904

Title: D  
Name: TAYLOR, BEVERLY  
Address: 3717 DEL PRADO BLVD#5  
City-St-Zip: CAPE CORAL, FL 33904

Title: D  
Name: SKEHAN, JOANNE M.  
Address: 3717 DEL PRADO BLVD #3  
City-St-Zip: CAPE CORAL, FL 33904

Title: D  
Name: SMITH, FREDERICK  
Address: 3717 DEL PRADO BLVD #2  
City-St-Zip: CAPE CORAL, FL 33904

I hereby 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 all other like empowered.

SIGNATURE: DAVID G. SKEHAN

PRES

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date