
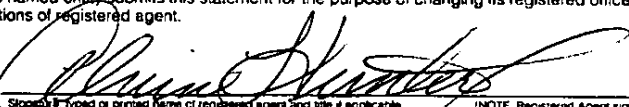
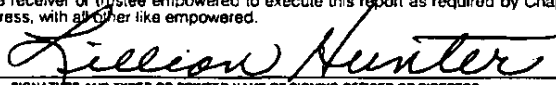


**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90043 025 \*\*\*\*61.25

<b>DOCUMENT # 764315</b>			
1. Entity Name 618 Professional Bldg. Condominium Association Inc.			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business 618 East Ocean Blvd. Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 64 Suite, Apt. #, etc.	
City & State Stuart, Florida		City & State Stuart, Florida	
Zip 34994	Country USA	Zip 34995	Country Martin
4. FEI Number 59-2219299		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name Alvin Hunter			
Street Address (P.O. Box Number is Not Acceptable) 1870 N.W. River Trail			
City Stuart		FL	Zip Code 34994
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 		2/23/06 DATE	
FEE IS \$61.25 Initial or Amended AR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director Alvin Hunter, 1870 NW River Trail, Stuart, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Treasurer & D Lillian Hunter 1870 N.W. River Trail Stuart, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		2/6/06 772-692-1782 772-287-2323	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



Attachment

66002909

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 10, 2006

618 PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.  
PO BOX 64  
STUART, FL 34995

Subject: 618 PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.

Reference Number:

764345

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION