


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 770058	
1. Entity Name PALMETTO PROFESSIONAL BUILDING ASSOCIATION, INC.	

Principal Place of Business % MANFRED LOPATKA 1347 PALMETTO AVE WINTER PARK, FL 32789	Mailing Address % MANFRED LOPATKA 1347 PALMETTO AVE WINTER PARK, FL 32789
--	--

DO NOT WRITE IN THIS SPACE



04192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2389533	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEE, JAMES W. 1347 PALMETTO AVENUE WINTER PARK, FL 32790	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 _____	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
-----------------	---	------------

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000124684 04/22/04-80053-015 61.25
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOPATKA, MANFRED 1151 WASHINGTON AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MURDOCK, R.K. (ASST S) 1227 MARCASTLE AVE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEE, JAMES W. 2200 VIA LUNA WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Manfred Lopatka</u> MANFRED LOPATKA	<u>4/19/04</u> 4/19/04	<u>107/644-6777</u> 107/644-6777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #