

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 16, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # N00000005891**

1. Entity Name  
**NORCROSS PROFESSIONAL CENTER OWNERS'  
ASSOCIATION, INC.**



Principal Place of Business

**2420 JENKS AVE  
UNIT 6  
PANAMA CITY, FL 32405**

Mailing Address

**2420 JENKS AVE  
UNIT 6  
PANAMA CITY, FL 32405**



02172007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3638089**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BRUDNICKI, GREG  
2420 JENKS AVE  
UNIT 6  
PANAMA CITY, FL 32405**

**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: same

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000669884  
03/27/07-80089-013 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRUDNICKI, GREG 2420 JENKS AVE. UNIT 6 PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BRUDNICKI, EVELYN 2420 JENKS AVE. UNIT 6 PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUDNICKI, ADAM 2720 TRACY LANE PANAMA CITY, FL 32405
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 exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/07 850-596-2039