

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90137 028 \*\*\*\*61.50

|   |   |   |  |   |   |
|---|---|---|--|---|---|
| <b>DOCUMENT # N01000001831</b><br>1. Entity Name<br><b>PEACE RIVER PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.</b>   |   |   |  |   |   |
| Principal Place of Business<br><b>4054 BEAVER LN, STE 1<br/>PORT CHARLOTTE, FL 33952</b>  |   |   | Mailing Address<br><b>4054 BEAVER LN, STE 1<br/>PORT CHARLOTTE, FL 33952</b>   |   |   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |  | <div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">50065124</div> <div style="margin-top: 10px;">08262005    Chg-NP    CR2E037 (10/03)</div> |   |
| City & State  |   | City & State  |  |   |   |
| Zip   | Country   | Zip   | Country  |   |   |
| 4. FEI Number<br><b>65-1104245</b>  |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |  | <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>POLK, CHARLES M III<br/>4054 BEAVER LN, STE 1<br/>PORT CHARLOTTE, FL 33952</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name <b>DAVID S. BALLESTAS</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>2525 Harbor Blvd. Suite 102</b><br>City <b>PORT CHARLOTTE</b> <b>FL</b> Zip Code <b>33952</b> |   |   |
| 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.<br><br>SIGNATURE <u><i>David S. Ballestas, M.D.</i></u> DATE <u>9-2-05</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |  |   |   |
| <b>Filing Fee is \$61.25<br/>Due by September 7, 2005</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |   |
| <b>Make check payable to Florida Department of State</b>  |   |   |  |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>BALLESTAS, DAVID S<br>4054 BEAVER LN, STE 1<br>PORT CHARLOTTE, FL 33952   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>POLLIZZI, ANTHONY<br>4054 BEAVER LN, STE 1<br>PORT CHARLOTTE, FL 33952    | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PTD<br>POLK, CHARLES M III<br>4054 BEAVER LN, STE 1<br>PORT CHARLOTTE, FL 33952 | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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><i>David S. Ballestas, M.D.</i></u> DATE <u>9-2-05</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>  |   |   |  |   |   |