

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005206

FILED  
Mar 13, 2009  
Secretary of State

Entity Name: SR-580 PROFESSIONAL OFFICE CENTRE ASSOCIATION, INC.

**Current Principal Place of Business:**

2655 SR 580  
STE 202  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

2655 SR 580  
STE 202  
CLEARWATER, FL 33761

**New Mailing Address:**

FEI Number: 59-7376547

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NIEDZWIECKI, MICHELE  
2655 SR 580  
STE 202  
CLEARWATER, FL 33761 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: DP ( ) Delete  
Name: MELILLI, STEVEN DR  
Address: 2655 SR 580 STE 204  
City-St-Zip: CLEARWATER, FL 33761

Title: DS ( ) Delete  
Name: NIEDZWIECKI, GERALD DR  
Address: 2655 SR 580 STE 202  
City-St-Zip: CLEARWATER, FL 33761

Title: D ( ) Delete  
Name: NIEDZWIECKI, MICHELE  
Address: 2655 SR 580 STE 202  
City-St-Zip: CLEARWATER, FL 33761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN MELILLI

DP

03/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date