

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90088 047 ***150.00

DOCUMENT # N01828

1. Entity Name
**HIGHLAND PROFESSIONAL CENTER CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**C/O FRANK WIGLE
1201 S. HIGHLAND AVE., S-10
CLEARWATER, FL 33756 US**

Mailing Address
**C/O FRANK WIGLE
1201 S. HIGHLAND AVE., S-10
CLEARWATER, FL 33756 US**

34053404



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2483289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WIGGLE, FRANK
1207 HIGHLAND AVE STE 10
Y
CLEARWATER, FL 33756**

7. Name and Address of New Registered Agent

Name
WIGLE, FRANK T.

Street Address (P.O. Box Number is Not Acceptable)

1201 S. HIGHLAND AVE STE 10

CLEARWATER

City

FL

Zip Code

33756

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. ☐

\$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
**DP
COUSINEAU, PHIL
1201 S HIGHLAND AVE, S6
CLEARWATER, FL 33756** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D V
WAINSCOTT, FRANK
1201 S HIGHLAND AVE, S2
CLEARWATER, FL 33756** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
WIGGLE, FRANK T
1201 S HIGHLAND AVE STE 10
CLEARWATER, FL 33756** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
WIGLE, FRANK T.
1201 S. HIGHLAND AVE #10
CLEARWATER FL 33756** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY TREAS
WIGLE, JUNE I.
1201 S. HIGHLAND AV #10
CLEARWATER, FL 33756** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 information empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-04.