

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005076

**FILED**  
**Apr 28, 2004**  
**Secretary of State****Entity Name:** CLERMONT PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**349 N US HWY 27  
CLERMONT, FL 34711**New Principal Place of Business:****Current Mailing Address:**349 N US HWY 27  
CLERMONT, FL 34711**New Mailing Address:****FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ARNOLD, MATHENY & EAGAN, P.A.  
801 N MAGNOLIA AVE STE 201  
ORLANDO, FL 32803 US**Name and Address of New Registered Agent:**ALLYN, DAVID L MD  
349 US HWY 27  
CLERMONT, FL 34711 US

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: DAVID L. ALLYN, MD

04/28/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD ( ) Delete  
Name: ALLYN, DAVID L  
Address: 349 N US HWY 27  
City-St-Zip: CLERMONT, FL 34711Title: VD ( ) Delete  
Name: THOMPSON, ROBERT D  
Address: 349 N US HWY 27  
City-St-Zip: CLERMONT, FL 34711Title: STD ( ) Delete  
Name: SONNTAG, ROBERT J  
Address: 349 N US HWY 27  
City-St-Zip: CLERMONT, FL 34711**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 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 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: DAVID L. ALLYN, MD

PD

04/28/2004

Electronic Signature of Signing Officer or Director

Date