


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000007689	
1. Entity Name PALM COAST PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 25 PINE CONE DRIVE SUITE 2 PALM COAST, FL 32137	Mailing Address 29 BANTON LANE PALM COAST, FL 32137
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**DO NOT WRITE IN THIS SPACE**



03152006 No Chg-NP CR2E037 (11/05)

4. FBI Number 16-1640826	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CONNER, TIMOTHY J. 2 JUNGLE HUT RD, STE 1 PALM COAST, FL 32137
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000475331 04/05/06 80011-009 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS SAVY, BENJAMIN 25 PINE CONE, STE. 2 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CANTANNO, FRANK 25 PINE CONE, STE. 4 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, PAUL D 25 PINE CONE, STE. 1 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, DONALD L 29 BANTON LANE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>D.L. Walker</i>	<i>D.L. Walker</i>	3-16-06	386 445-1822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #