


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
Secretary of State

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|---|---|
| DOCUMENT # N02000007689 1. Entity Name PALM COAST PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC. |  |
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|---|---|
| Principal Place of Business 25 PINE CONE DRIVE SUITE 2 PALM COAST, FL 32137 | Mailing Address 29 BANTON LANE PALM COAST, FL 32137 |
|---|---|

DO NOT WRITE IN THIS SPACE



04062008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 16-1640826 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CONNER, TIMOTHY J.
2 JUNGLE HUT RD, STE 1
PALM COAST, FL 32137**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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|---|---|--|
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000389025 04/22/08-80036-022 61.25 |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DTS SAVY, BENJAMIN 25 PINE CONE DRIVE STE 2 PALM COAST, FL 32137 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP CANTANNO, FRANK 25 PINE CONE DRIVE STE 4 PALM COAST, FL 32137 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOHNSON, PAUL D 25 PINE CONE DRIVE 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: *Donald L. Walker* **Donald L. Walker** **4-6-08** **386-445-1822**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #