

FILE NOW: FILING FEE IS \$61.25

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Feb 02, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02431

1. Corporation Name

LARKIN PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6140 S.W. 70TH STREET
SOUTH MIAMI FL 33143

Mailing Address

6140 S.W. 70TH STREET
SOUTH MIAMI FL 33143



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/09/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2703014	
Country		Country		Applied For	
25		29		Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired	
SOMMER, DAVID A.		81 Name		<input type="checkbox"/> \$8.75 Additional Fee Required	
6140 S.W. 70TH STREET		82 Street Address (P.O. Box Number is Not Acceptable)		<input type="checkbox"/> \$5.00 May Be Added to Fees	
SOUTH MIAMI FL 33143		83		6. Election Campaign Financing	
		84 City		<input type="checkbox"/> Trust Fund Contribution	
		85 Zip Code		FL	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		1.1 TITLE		1.1 TITLE		Change Addition	
NAME		1.2 NAME		1.2 NAME		Change Addition	
STREET ADDRESS		1.3 STREET ADDRESS		1.3 STREET ADDRESS		Change Addition	
TY-ST-ZIP		1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP		Change Addition	
TITLE		2.1 TITLE		2.1 TITLE		Change Addition	
NAME		2.2 NAME		2.2 NAME		Change Addition	
STREET ADDRESS		2.3 STREET ADDRESS		2.3 STREET ADDRESS		Change Addition	
TY-ST-ZIP		2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP		Change Addition	
TITLE		3.1 TITLE		3.1 TITLE		Change Addition	
NAME		3.2 NAME		3.2 NAME		Change Addition	
STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS		Change Addition	
TY-ST-ZIP		3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP		Change Addition	
TITLE		4.1 TITLE		4.1 TITLE		Change Addition	
NAME		4.2 NAME		4.2 NAME		Change Addition	
STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS		Change Addition	
TY-ST-ZIP		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP		Change Addition	
TITLE		5.1 TITLE		5.1 TITLE		Change Addition	
NAME		5.2 NAME		5.2 NAME		Change Addition	
STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS		Change Addition	
TY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP		Change Addition	
TITLE		6.1 TITLE		6.1 TITLE		Change Addition	
NAME		6.2 NAME		6.2 NAME		Change Addition	
STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS		Change Addition	
TY-ST-ZIP		6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP		Change Addition	

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-665-7523

CR2E037 (11/98)