

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000096

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** PSL PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8450 S US HIGHWAY 1  
PORT SAINT LUCIE, FL 34952

**New Principal Place of Business:**

8481 S FEDERAL HWY SUITE 20  
PORT SAINT LUCIE, FL 34952

**Current Mailing Address:**

P.O. BOX 7696  
PORT SAINT LUCIE, FL 34985

**New Mailing Address:**

8481 S FEDERAL HWY SUITE 20  
PORT SAINT LUCIE, FL 34952

**FEI Number:** 56-2311721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NAVARETTA, STEPHEN  
1100 SW ST. LUCIE WEST BLVD. SUITE 203  
PORT ST. LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DST ( ) Delete  
Name: SNYDER, WARD I  
Address: 8450 S US HIGHWAY 1  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: SUDHIR, NAYER I  
Address: 8501 S FEDERAL HWY 10  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP ( ) Change (X) Addition  
Name: RUDY, HOWARD  
Address: 8479 S FERERAL HWY STE 12  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: TREA ( ) Change (X) Addition  
Name: GLENN, PELLERIN  
Address: 8489 S FEDERAL HWY STE 16  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: SECR ( ) Change (X) Addition  
Name: ZOLT, KERESZTI  
Address: 8479 S FEDERAL HWY STE 21  
City-St-Zip: PORT ST LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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:** GLENN PELLERIN

TREA

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date