## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

5/17/2

## FILED Jun 07, 2004 8:00 am Secretary of State 05-17-2004 90008 005 \*\*\*\*61.25

## DOCUMENT # N03000000266

1. Entity Name

PROCTOR CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business		:						
SARASOTA FL 34236  2. Principal Place of Business 2.0.0.0. Webber Street 3. Mailing Address 2.0.0.0. Webber Street 3. Mailing Address 3. Mailing A	Principal Place of Business		Mailing Address		6			
2000 Webber Street  Suite, Apt 4, etc.  Suite,								_
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Suria, Apt. 4 etc.    Suria, Apt. 4 etc.   Suria, S	- · · · - • - · · - · · - · · · · · · ·						# 111 L## #	
Sarasota, Florida Sarasota, Florida Sarasota, Florida S. Country 3.4239	Suite, Apt. #, etc.				MOORE CR2E037 (11/03)			
Same and Address of Country   34 23 9   S. Name and Address of Current Registered Agent   Sa 23 9   S. Name and Address of Current Registered Agent   Sa 23 9   S. Name and Address of Santa Desired   Sa 24 23 9   S. Name and Address of New Registered Agent   Santa Name   Santa Sa			1		1	1.454.6	<del></del>	
3.4.23.9					<b>.</b>			
R. Name and Address of Current Registered Agent  CROWLEY, PETER M 1432 FIRST STREET SARASOTA FL 34236  8. The above named ently submits this statement for the purpose of changing its registered agent, or both, in the State of Funds. I am familiar with, and accept thin chigations of page red agent.  SIGNATURE SIGNAT	342	.	1 '		5. Certificate of St			
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SIGNATURE  1432 FIRST STREET  City SARASOTA FL 34236  2000 WEBBER STREET  City SARASOTA FL 2004 39  3. The above named emity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of upgreed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of upgreed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of upgreed agent, or both, in the State of Florida. I am familiar with, and accept the obligation of upgreed agent, or both, in the State of Florida. I am familiar with, and accept the obligation of upgreed agent, or both, in the State of Florida. I am familiar with, and accept the obligation of upgreed agent, or both, in the State of Florida. I am familiar with, and accept the obligation of upgreed agent, or both, in the State of Florida. I am familiar with, and accept the familiar with an accept the obligation of upgreed agent, or both, in the State of Florida. I am familiar with, and accept the familiar with an accept the familiar with, and accept the familiar with an accept the familiar with accept the familiar with a familiar with accept the familiar with accept th	CBC	WI EV DETED M	PE7	PETER III. CROWLEY				
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Trust Fund Contribution.   Added to Fees   Florida Department of State   10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE   DPT	SIGNATURE -	Signature, lyped or printer hame of registered and	eπ and trie if applicable. (NOTE	: Registered Agent signature requi	ired when reinstating)			
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