

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

5/17/04

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

Mailing Address

1432 FIRST STREET
SARASOTA FL 34236

1432 FIRST STREET
SARASOTA FL 34236

2. Principal Place of Business

2000 Webber Street

Suite, Apt. #, etc.

3. Mailing Address

2000 Webber Street

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34239

Country

City & State

Sarasota, Florida

Zip

34239

Country

4. FEI Number

55-0814516

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROWLEY, PETER M
1432 FIRST STREET
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name PETER M. CROWLEY

Street Address (P.O. Box Number is Not Acceptable)

2000 WEBBER STREET

City SARASOTA

FL

Zip Code

34239

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-14-04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	CROWLEY, TIMOTHY	
STREET ADDRESS	2000 WEBBER STREET	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROWLEY, JAMES	
STREET ADDRESS	2000 WEBBER STREET	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CROWLEY, JEREMIAH	
STREET ADDRESS	2000 WEBBER STREET	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	S	<input type="checkbox"/> Delete
NAME	CROWLEY, JUDITH	
STREET ADDRESS	2000 WEBBER STREET	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-04

Date

941-954-5454

Daytime Phone #