

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000000266

1. Entity Name
PROCTOR CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2000 WEBBER STREET
SARASOTA, FL 34239**

Mailing Address
**2000 WEBBER STREET
SARASOTA, FL 34239**



04252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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
2000 WEBBER STREET
SARASOTA, FL 34239**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CROWLEY, TIMOTHY 2000 WEBBER STREET SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWLEY, JAMES 2000 WEBBER STREET SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CROWLEY, JEREMIAH 2000 WEBBER STREET SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROWLEY, JUDITH 2000 WEBBER STREET SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/05-80157-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #