## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000008308

FILED Jan 23, 2005 Secretary of State

Entity Name: SUNTREE-VIERA PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2194 HWY A1A STE 101 903 JORDAN BLASS DRIVE

INDIAN HARBOUR BEACH, FL 32937 SUITE # 102

MELBOURNE, FL 32940

Current Mailing Address: New Mailing Address:

2194 HWY A1A STE 101 903 JORDAN BLASS DRIVE INDIAN HARBOUR BEACH, FL 32937 SUITE # 102

MELBOURNE, FL 32940

FEI Number: 20-2048509 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SEGAL, BARRY G ESQ
2801 OCEAN DR STE 204
VERO BEACH, FL 32963 US
ERIC, HARDOON
903 JORDAN BLASS DRIVE
SUITE # 102

ERO BEACH, FL 32963 US SUITE # 102 MELBOURNE, FL 32940 US

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: ERIC HARDOON 01/23/2005

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DP ( ) Delete Title: DP (X) Change( ) Addition

Name: KEARNEY, DR. WAYNE Name: HARDOON, ERIC
Address: 2179 JULIAN AVE NE Address: 903 JORDAN BLASS DRIVE SUITE # 102

City-St-Zip: PALM BAY, FL 32905 Address: 903 JORDAN BLASS DRIVE SOITE # 102

Title: DVST ( ) Delete Title: D (X) Change ( ) Addition Name: MILITANO, KYLE Name: MILITANO, KYLE

Address: 2194 HWY A1A STE 101 Address: 2194 HWY A1A STE 101
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D ( ) Delete Title: DS (X) Change ( ) Addition

 Name:
 SEGAL, BARRY G
 Name:
 KEARNEY, DR. WAYNE

 Address:
 2801 OCEAN DR STE 204
 Address:
 903 JORDAN BLASS DRIVE

 City-St-Zip:
 VERO BEACH, FL 32963
 City-St-Zip:
 MELBOURNE, FL 32940

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\ ) {\sf Change} \ ({\sf X}) \ {\sf Addition}$ 

Name: Name: HARDOON, DR. ABE

Address: 903 JORDAN BLASS DRIVE SUITE # 102

City-St-Zip: City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ERIC HARDOON DP 01/23/2005