2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008622

FILED Apr 08, 2005 Secretary of State

Entity Name: DREW PROFESSIONAL PARK CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:		New Principal Place of Business:		
	DMARK DR ATER, FL 3376	51		
urrent M	lailing Addres	s:	New Mailing Addres	s:
	DMARK DR ATER, FL 3376	61		
El Number	: 36-4553574	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:		
	, DOUGLAS J			
	ÓMARK DR ATER, FL 3376	S1 US		
he above	ÓMARK DR ATER, FL 3376		purpose of changing its registere	ed office or registered agent, or both,
he above	DMARK DR ATER, FL 3376 e named entity s e of Florida. RE:	submits this statement for the		
CLEARWA The above In the Stati SIGNATU	DMARK DR ATER, FL 3376 e named entity s e of Florida. RE: Electron	submits this statement for the ic Signature of Registered Ag	ent	Date
CLEARWA The above In the Stati SIGNATU	DMARK DR ATER, FL 3376 e named entity s e of Florida. RE:	submits this statement for the ic Signature of Registered Ag	ent	
CLEARWA The above In the Stati SIGNATU	DMARK DR ATER, FL 3376 e named entity s e of Florida. RE: Electron S AND DIREC	ic Signature of Registered Ag TORS: Delete JGLAS J RK DR	ent	Date
The above in the State SIGNATU DFFICER ittle: lame: ddress:	DMARK DR ATER, FL 3376 e named entity s e of Florida. RE: Electron S AND DIRECT PD () WEILAND, DOL 3281 LANDMAR CLEARWATER	ic Signature of Registered Ag TORS: Delete JGLAS J RK DR , FL 33761 Delete RA J RK DR	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: DOUGLAS J. WEILAND PRES 04/08/2005