


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90022 002 ****61.25

DOCUMENT # N03000008622					
1. Entity Name DREW PROFESSIONAL PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3281 LANDMARK DR CLEARWATER, FL 33761			Mailing Address 3281 LANDMARK DR CLEARWATER, FL 33761		
2. Principal Place of Business - No P.O. Box # 2346 Drew St		3. Mailing Address 2346 Drew St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Clearwater, FL		City & State Clearwater, FL		4. FEI Number 36-4553574	
Zip 33765		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEILAND, DOUGLAS J 3281 LANDMARK DR CLEARWATER, FL 33761			7. Name and Address of New Registered Agent Name <u>Scott C. Behler, M.D.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2346 Drew St.</u> City <u>Clearwater</u> FL Zip Code <u>33765</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>6-13-07</u>	
Filing Fee is \$6125 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME WEILAND, DOUGLAS J STREET ADDRESS 3281 LANDMARK DR CITY-ST-ZIP CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BEHLER, SCOTT C M.D. STREET ADDRESS 2402 WEST BAY DRIVE CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Delete		TITLE NAME Behler, Scott M.D. STREET ADDRESS 2346 Drew St CITY-ST-ZIP Clearwater, FL 33765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST - NAME CIMINO, KEVIN T STREET ADDRESS 3281 LANDMARK DR CITY-ST-ZIP CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>6-13-07</u>	
				Daytime Phone #	