


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

03-04-2005 90089 026 ****61.25

DOCUMENT # N03000009451					
1. Entity Name PROFESSIONAL PARK AT HUNTER'S GREEN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1420 SOUTH BANANA RIVER DRIVE MERRITT ISLAND FL 32952			Mailing Address 1420 SOUTH BANANA RIVER DRIVE MERRITT ISLAND FL 32952 P.O. Box 403 Anna Maria, FL 34216		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 75-3135327	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DE RISO, JAMES A Victoria Goggin 1420 SOUTH BANANA RIVER DRIVE MERRITT ISLAND FL 32952 P.O. Box 403 Anna Maria, FL 34216				7. Name and Address of New Registered Agent Victoria Goggin 8709 Hunters Green Dr. Tampa FL 33647	
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: Victoria W. Goggin Victoria W. Goggin 2/28/05 Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD DE RISO, JAMES A 1420 SOUTH BANANA RIVER DRIVE MERRITT ISLAND FL 32952	<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	VD CAETANO, JOSEPH P 1420 SOUTH BANANA RIVER DRIVE MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph Caetano 16037 Tampa Palms Blvd Tampa FL 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOGGIN, VICKI 1420 SOUTH BANANA RIVER DRIVE MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Goggin Vicki 8709 Hunters Green Dr Tampa FL 33647	<input checked="" 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 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: Victoria W. Goggin			2/28/05 941-812-9593		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		