

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Oct 07 1998 8:00am  
 Secretary of State

0013712

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N03111 (4)**  
 1. Corporation Name  
**NORTHEAST PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business % RAYMOND J. MCRORY 124 CHERRY VALLEY AVENUE GARDEN CITY NY 11530	Mailing Address % RAYMOND J. MCRORY 124 CHERRY VALLEY AVENUE GARDEN CITY NY 11530
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3. Date Incorporated or Qualified <b>05/16/1984</b>	
4. FEI Number <b>APPLIED FOR 59-3533198</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**LANG, NICHOLAS F ESQ.**  
~~520 FOURTH ST. NORTH~~  
~~SUITE 200~~  
~~ST PETERSBURG FL 33731~~

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**5001 Fourth Street North**  
 83 Suite A  
 84 City **St. Petersburg** FL 85 Zip Code **33703**

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.  
 SIGNATURE *Nicholas F. Lang* **Nicholas F. Lang, Esq.** **09/22/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PSD</b> <input type="checkbox"/> DELETE
NAME	<b>MCRORY, RAYMOND J</b>
STREET ADDRESS	<b>124 CHERRY VALLEY AVENUE</b>
CITY-ST-ZIP	<b>GARDEN CITY NY 11530</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LANG, NICHOLAS F</b>
STREET ADDRESS	<del>520 FOURTH ST. NORTH, SUITE 200</del>
CITY-ST-ZIP	<del>ST PETERSBURG FL 33731</del>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MAGGI, PAMELA</b>
STREET ADDRESS	<b>124 CHERRY VALLEY AVENUE</b>
CITY-ST-ZIP	<b>GARDEN CITY NY 11530</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>5001 Fourth Street North, Suite A</b>
2.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33703</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nicholas F. Lang* **Nicholas F. Lang** **7/13/98** **516 294-0430**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/98)