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Secretary of State

04-21-1999 90194 010 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03111

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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2. Principal Place of Business 21 5001 FOURTH ST. NORTH Suite, Apt. #, etc. 22 SUITE A City & State 23 ST. PETERSBURG, FLORIDA Zip Country 24 33703 25	2a. Mailing Address 26 P.O. BOX 7990 Suite, Apt. #, etc. 27 City & State 28 ST. PETERSBURG, FLORIDA Zip Country 29 33734 30	3. Date Incorporated or Qualified 05/16/1984	4. FEI Number 59-3533198	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent LANG, NICHOLAS F ESQ. 5001 FOURTH STREET NORTH SUITE A ST PETERSBURG FL 33703	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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, in 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MCRORY, RAYMOND J 124 CHERRY VALLEY AVENUE GARDEN CITY NY 11530 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD DALTON, MONICA I. 146 26th AVENUE N.E. ST. PETERSBURG, FL 33704 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANG, NICHOLAS F 5001 FOURTH STRET NORTH, SUITE A ST PETERSBURG FL 33703 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SD LANG, NICHOLAS F. 5001 FOURTH STREET NORTH, SUITE A ST. PETERSBURG, FL 33703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGGI, PAMELA 124 CHERRY VALLEY AVENUE GARDEN CITY NY 11530 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D LANG, SARAH F. 5001 FOURTH STREET NORTH, SUITE A ST. PETERSBURG, FL 33703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Monica Dalton* **Signature and Typed or Printed Name of Signing Officer or Director** **APRIL 15, 1999** (727) 522-9800
Daytime Phone #

CR2E037 (1/1/98)