


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N03111
 1. Entity Name
NORTHEAST PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 5001 4TH ST N STE A ST PETERSBURG, FL 33703	Mailing Address PO BOX 7990 STE A ST PETERSBURG, FL 33703
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DO NOT WRITE IN THIS SPACE



04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3533198	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**LANG, NICHOLAS F ESQ.
 5001 FOURTH STREET NORTH
 SUITE A
 ST PETERSBURG, FL 33703**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

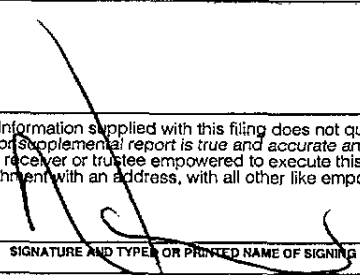
00000340675
 04/28/05-80125-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEDDER, JEFFREY L 5015 4TH STREET NORTH SAINT PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANG, NICHOLAS F 5001 4TH STREET NORTH, STE A ST PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANG, SARAH F 5001 4TH STREET NORTH STE A SAINT PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **Nicholas F. Lang** 4/26/05 (927) 522-9800
 SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #