## **FILED** Apr 25, 2007 8:00 am Secretary of State 04-25-2007 90164 039 \*\*\*\*61.25

2007	NO.	T-FO	R-P	RO	FIT	CO	RPC	DRA'	TION
		AN	NU	AL	REF	OR	T		

DOCUMENT # N03111 1. Entity Name NORTHEAST PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 5001 4TH ST N PO BOX 7990 STE A STF A ST PETERSBURG, FL 33703 ST PETERSBURG, FL 33703 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222007 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-3533198 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANC, NICHOLAS F ESQ. (P.O. Box Number is Not Acceptable) 5001 FOURTH STREET NORTH Street Addre รือเดเ SUITE A ST PETERSBURG, FL 33703 8. The above name entity supports this statement for the purpose of changing its registered office or registered agent, or both, the State of Florida. I am familiar with, and accept the obligations of nistered agent. SIGNATURE Signature, typed Filing Fee is \$61,25 Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE Change ☐ Addition NAME TEDDER, JEFFREY L NAME STREET ADDRESS 5015 4TH STREET NORTH STREET ADDRESS SAINT PETERSBURG, FL 33703 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete ☐ Addition TITLE ☐ Change LANG, NICHOLAS F NAME NAME STREET ADDRESS 5001 4TH STREET NORTH, STE A STREET ADDRESS ST PETERSBURG, FL 33703 CITY-ST-7/2 CITY-ST-ZIP TILLE ☐ Delete TITLE ☐ Change ☐ Addition LANG, SARAH F NAME NAME STREET ADDRESS 5001 4TH STREET NORTH STE A STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33703 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attachn with an add ss, with all other like empowered

SIGNATURE: