

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 31, 2008  
Secretary of State**

DOCUMENT# N04000001844

Entity Name: SKY TOP PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST ST RD 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST ST RD 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

FEI Number: 20-1684708      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: RAY, JAMES  
Address: 1101 CITRUS TOWER BLVD  
City-St-Zip: CLERMONT, FL 34711

Title: PD ( ) Delete  
Name: ENDICOTT, JOHN  
Address: 251 MAITLAND AVE STE 215  
City-St-Zip: MAITLAND, FL 32701

Title: STD ( ) Delete  
Name: RUSSO, JAMES  
Address: 3764 GLENFORD DR  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN ENDICOTT

PD

03/31/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date