


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000002329
 1. Entity Name
 2020 PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 2020 CATTLEMEN RD. 2020 CATTLEMEN RD.
 STE 500 STE 500
 SARASOTA, FL 34232 SARASOTA, FL 34232

DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 20-2382610 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 MORGAN, TODD H
 2020 CATTLEMEN ROAD STE 500
 SARASOTA, FL 34232

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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 reestablishing) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

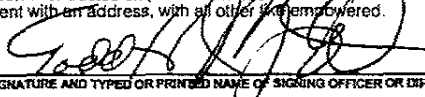
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 01/12/07-80036-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORGAN, TODD
STREET ADDRESS	2020 CATTLEMEN RD STE 500
CITY-ST-ZIP	SARASOTA, FL 34232\
TITLE	VP
NAME	FEATHERMAN, DONALD S MD
STREET ADDRESS	943 BENEVA RD. SOUTH
CITY-ST-ZIP	SARASOTA, FL 34232
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 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 attachment with an address, with all other information empowered.

SIGNATURE:  1/9/07 941378 3932
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #