2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, wit

SIGNATURE:

all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 30, 2008 8:00 am Secretary of State DOCUMENT # N04000008968 04-30-2008 90209 001 ****70.00 MORGAN PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address ひなんり ひばいだ 5481 WILES ROAD 5481 WILES ROAD #501 501 COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 20-4317465 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHERMAN, LANCE Street Address (P.O. Box Number is Not Acceptable) 5481 WILES ROAD 501 COCONUT CREEK, FL 33073 Zip Code 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 ol registered agent and title il applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DP TITLE Change **Addition** TITLE ☐ Delete masferrer, Dayline SHERMAN, LANCE NAME NAME 5481 Wiles Road iste boi STREET ADDRESS 5481 WILES ROAD STREET ADDRESS (conut Creck, Florida 33073 COCONUT CREEK, FL 33073 CITY-ST-ZIP CITY-ST-ZIP DV TITLE □ Delete TITLE ☐ Addition FITZSIMMONS, WILLIAM NAME NAME STREET ADDRESS 5481 WILES ROAD STREET ADDRESS COCONUT CREEK, FL 33073 CITY-ST-ZIP CITY-ST-ZIP DST Delete ☐ Change ☐ Addition TITLE GREENNIDGE, NICOLE NAME NAME 5481 WILES ROAD STREET ADDRESS STREET ADDRESS COCONUT CREEK, FL 33073 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TIT! F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CiTY-ST-7IP 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

FILED

Daytime Phone 6