

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N04000008968

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Entity Name:** MORGAN PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5481 WILES ROAD  
#502  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

5481 WILES ROAD  
501  
COCONUT CREEK, FL 33073

**New Mailing Address:**

**FEI Number:** 20-4317465

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHERMAN, LANCE  
5481 WILES ROAD  
501  
COCONUT CREEK, FL 33073 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:** LANCE SHERMAN

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SHERMAN, LANCE  
**Address:** 5481 WILES ROAD #501  
**City-St-Zip:** COCONUT CREEK, FL 33073

**Title:** VP  
**Name:** CESAR, PEREZ  
**Address:** 5481 WILES ROAD #505B  
**City-St-Zip:** COCONUT CREEK, FL 33073

**Title:** TS  
**Name:** JOHN, LAMB  
**Address:** 5485 WILES ROAD, SUITE #407  
**City-St-Zip:** COCONUT CREEK, FL 33073

I hereby 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 all other like empowered.

**SIGNATURE:** LANCE SHERMAN

P

01/25/2012

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

\_\_\_\_\_  
Date