


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90037 043 ****61.25

DOCUMENT # N04314 1. Entity Name MAR-WALT PROFESSIONL CENTER OWNERS ASSOCIATION, INC.	
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Principal Place of Business 706 EDGE ST. 706 Edge St. FT. WALTON BEACH, FL 32547	Mailing Address 706 EDGE ST. FT. WALTON BEACH, FL 32547
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DO NOT WRITE IN THIS SPACE



03072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2850961	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, J C 706 EDGE ST FT WALTON BCH, FL 32547
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IN THIS SPACE**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POOLE, RON R. 105 BEACH DR. #A-5 FT WALTON BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, J.C. 706 EDGE STREET FT WALTON BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KENT, MICHAEL G. 98 OAK HILL FT. WALTON BEACH, FL 32547
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 exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE:  **3/17/05 (850) 862-4015**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #