

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2007
Secretary of State**

DOCUMENT# N05000011877

Entity Name: PROFESSIONAL CENTER AT WALNUT CREEK PLAZA II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7000 WEST PALMETTO PARK ROAD
SUITE 203
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

7000 WEST PALMETTO PARK ROAD
SUITE 203
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 20-3879679 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COMBS, GREGORY V
7000 WEST PALMETTO PARK ROAD
SUITE 203
BOCA RATON, FL 33433 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: PD () Delete
Name: COMBS, GREGORY V
Address: 7000 WEST PALMETTO PARK ROAD, SUITE 203
City-St-Zip: BOCA RATON, FL 33433

Title: VPD () Delete
Name: ASHENFELTER, MARIA S
Address: 7000 WEST PALMETTO PARK ROAD, SUITE 203
City-St-Zip: BOCA RATON, FL 33433

Title: STD () Delete
Name: COPPA, DAVID
Address: 7000 WEST PALMETTO PARK ROAD, SUITE 203
City-St-Zip: BOCA RATON, FL 33433

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SECY (X) Change () Addition
Name: WILLIAMS, BEATRICE T
Address: 7000 WEST PALMETTO PARK ROAD, SUITE 203
City-St-Zip: BOCA RATON, FL 33433

Title: EVPD (X) Change () Addition
Name: COPPA, DAVID
Address: 7000 WEST PALMETTO PARK ROAD, SUITE 203
City-St-Zip: BOCA RATON, FL 33433

Title: EVPD () Change (X) Addition
Name: HYATT, BLAIR F
Address: 7000 WEST PALMETTO PARK ROAD, SUITE 203
City-St-Zip: BOCA RATON, FL 33433

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: BEATRICE T WILLIAMS

SECY

04/30/2007

Electronic Signature of Signing Officer or Director

Date