

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011877

FILED  
Mar 22, 2010  
Secretary of State

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

**Current Principal Place of Business:**

431 FAIRWAY DRIVE  
300  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

431 FAIRWAY DRIVE  
300  
DEERFIELD BEACH, FL 33441

**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  
431 FAIRWAY DRIVE  
SUITE 300  
DEERFIELD BEACH, FL 33441 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: P  
Name: COPPA, DAVID  
Address: 431 FAIRWAY DRIVE SUITE 300  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: EVP  
Name: BLAIR, HYATT F  
Address: 431 FAIRWAY DRIVE SUITE 300  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: EVP  
Name: HYATT, BLAIR F  
Address: 431 FAIRWAY DRIVE SUITE 300  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: SECY  
Name: WILLIAMS, BEATRICE T  
Address: 431 FAIRWAY DRIVE SUITE 300  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: TREA  
Name: PATTON, TREY  
Address: 431 FAIRWAY DRIVE SUITE 300  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: DIR  
Name: POWELL, WILLIAM C  
Address: 431 FAIRWAY DRIVE SUITE 300  
City-St-Zip: DEERFIELD BEACH, FL 33441

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: DAVID COPPA

P

03/22/2010

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

\_\_\_\_\_  
Date