

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90224 025 \*\*\*\*61.25

**60042976**



04042007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N05000012193</b>					
<b>1. Entity Name</b> SAN MARCO PROFESSIONAL OFFICE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2101 CENTREPARK WEST DR., STE. 100 WEST PALM BEACH, FL 33409			<b>Mailing Address</b> 2101 CENTREPARK WEST DR., STE. 100 WEST PALM BEACH, FL 33409		
<b>2. Principal Place of Business - No PO Box #</b> <i>None</i>		<b>3. Mailing Address</b> <i>None</i>		<b>4. FEI Number</b> 20-3910072 <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">                     Applied For                      Not Applicable                 </div>	
Suite, Apt #, etc		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> CRANE, ROBERT L. 515 N. FLAGLER DR., 18TH FLOOR WEST PALM BEACH, FL 33401				<b>7. Name and Address of New Registered Agent</b> Name: <i>None</i> Street Address (P.O. Box Number is Not Acceptable): City: <b>FL</b> Zip Code:	
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LEONEK, JOSEPH D. 2101 CENTREPARK WEST DR., STE. 100 WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DR. William Adragna 13550 Jog Rd Ste 203 Delray Bch FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BENTZ, ROBERT A. 2101 CENTREPARK WEST DR., STE. 100 WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV DR. Richard Rubinstein 13550 Jog Rd Ste 201 Delray Bch FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SCULLY, DONNA 2101 CENTREPARK WEST DR., STE. 100 WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST DR. BARRY Schultz 13550 Jog Rd Ste 204 Delray Beach FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>William V. Schogin</i>			4-25-07 <span style="float: right;">(511) 819-6281</span>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		