

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000012193

1. Entity Name
**SAN MARCO PROFESSIONAL OFFICE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**2101 CENTREPARK WEST DR., STE. 100
WEST PALM BEACH, FL 33409**

Mailing Address
**2101 CENTREPARK WEST DR., STE. 100
WEST PALM BEACH, FL 33409**



01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3910072	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

**CRANE, ROBERT L.
515 N. FLAGLER DR., 18TH FLOOR
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ADRAGNA, DR. WILLIAM
STREET ADDRESS	13550 JOG RD STE 203
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	DV
NAME	RUBINSTEIN, DR. RICHARD
STREET ADDRESS	13550 JOG RD STE 201
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	DST
NAME	SCHULTZ, DR. BARRY
STREET ADDRESS	13550 JOG RD STE 204
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000795052
01/29/08-80017-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

William V. Adragna
William V. Adragna

1-17-08

(561) 819-6251

Date

Daytime Phone #