

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90021 031 ****61.25

DOCUMENT # N05000012204					
1. Entity Name SPRING HILL PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8249 KRISTEL CIRCLE PORT RICHEY, FL 34668			Mailing Address 8249 KRISTEL CIRCLE PORT RICHEY, FL 34668		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR <u>20-8596664</u> <input type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04032007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent TANKEL ROBERT L 1022 MAIN ST. DUNEDIN, FL 34698			7. Name and Address of New Registered Agent Name <u>Jamie K. Mick</u> Street Address (P.O. Box Number is Not Acceptable) <u>8249 Kristel Cir</u> <u>Port Richey, FL 34668</u> City <u>Port Richey</u> <u>FL</u> Zip Code <u>34668</u>		
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 <u>Jamie K. Mick</u> DATE <u>3/30/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BAIN, RUSSELL T 1022 MAIN ST. DUNEDIN, FL 34698	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD STOPLER, ROB 1022 MAIN ST. DUNEDIN, FL 34698	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD KUHN, PAT 1022 MAIN ST. DUNEDIN, FL 34698	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Jamie K. Mick</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

40109970

