

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002696

**FILED**  
**Feb 05, 2010**  
**Secretary of State**

**Entity Name:** FIVAY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

13740 OFFICE PARK COURT  
HUDSON, FL 34667

**New Principal Place of Business:**

13740 OFFICE PARK COURT  
HUDSON, FL 34667 US

**Current Mailing Address:**

13740 OFFICE PARK COURT  
SUITE A  
HUDSON, FL 34667

**New Mailing Address:**

13740 OFFICE PARK COURT  
SUITE A  
HUDSON, FL 34667 US

**FEI Number:** 20-4629626

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATEL, RASHMI  
13740 OFFICE PARK COURT  
SUITE A  
HUDSON, FL 34667 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: PSD  
Name: PATEL, RASHMI  
Address: 13740 OFFICE PARK COURT, SUITE A  
City-St-Zip: HUDSON, FL 34667 US

Title: TD  
Name: CHALAVARYA, GOPAL  
Address: 13740 OFFICE PARK COURT, SUITE C  
City-St-Zip: HUDSON, FL 34667 US

Title: D  
Name: PATEL, MUKESH  
Address: 13740 OFFICE PARK COURT, SUITE A  
City-St-Zip: HUDSON, FL 34667 US

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: RASHMI PATEL

PSD

02/05/2010

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

\_\_\_\_\_  
Date