2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004790

FILED May 07, 2008 Secretary of State

Entity Name: APPLEGATE PROFESSIONAL CENTER CONDOMINIUM, INC.

	Principal Place of Business:		cipal Place of Business:	
2236 CLIM FAMPA, F	MBING IVY DRIVE L 33618	19045 DAI LUTZ, FL	LE MABRY HWY N 33548	
Current M	Nailing Address:	New Mail	ng Address:	
2236 CLIMBING IVY DRIVE FAMPA, FL 33618			19045 DALE MABRY HWY N LUTZ, FL 33548	
	r: 20-4920887 FEI Number Applied For () Face with s. 607.193(2)(b), F.S., the corporation did not rec	El Number Not App ceive the prior notic		
	d Address of Current Registered Agent:		Address of New Registered Agent:	
FLORES, LILY 2236 CLIMBING IVY DRIVE FAMPA, FL 33618 US		19045 DÁ	FLORES, JOSE 19045 DALE MABRY HWY N LUTZ, FL 33548 US	
	e named entity submits this statement for the purple of Florida.	ose of changing	its registered office or registered agent, or both	
n the Stat		ose of changing	its registered office or registered agent, or both 05/07/2008	
n the Stat	e of Florida.	ose of changing		
n the State	e of Florida. RE: LILY FLORES		05/07/2008	
n the State	RE: LILY FLORES Electronic Signature of Registered Agent		05/07/2008 Date	
n the State SIGNATUI DFFICER Title: Jame: Address:	e of Florida. RE: LILY FLORES Electronic Signature of Registered Agent S AND DIRECTORS: DP () Delete FLORES, JOSE R 2236 CLIMBING IVY DRIVE	ADDITION Title: Name: Address:	05/07/2008 Date NS/CHANGES TO OFFICERS AND DIRECTO	
n the State BIGNATUI DFFICER Title: Idame: Address: City-St-Zip: Title: Idame: Address:	RE: LILY FLORES Electronic Signature of Registered Agent S AND DIRECTORS: DP () Delete FLORES, JOSE R 2236 CLIMBING IVY DRIVE TAMPA, FL 33618	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	05/07/2008 Date NS/CHANGES TO OFFICERS AND DIRECTO () Change () Addition DVP () Change (X) Addition TAM, BENJAMIN 5698 HAINES RD	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSE FLORES DP 05/07/2008