## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000004790

FILED Apr 28, 2009 Secretary of State

Entity Name: APPLEGATE PROFESSIONAL CENTER CONDOMINIUM, INC.

Current Principal Place of Business: New Principal Place of Business:

19045 DALE MABRY HWY N 2346 CREEL LANE

LUTZ, FL 33548 STE 103

WESLEY CHAPEL, FL 33544

Current Mailing Address: New Mailing Address:

19045 DALE MABRY HWY N 2346 CREEL LANE

LUTZ, FL 33548 STE 103

WESLEY CHAPEL, FL 33544

FEI Number: 20-4920887 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FLORES, JOSE FLORES, JOSE 19045 DALE MABRY HWY N 2346 CREEL LANE

LUTZ, FL 33548 US STE 103
WESLEY CHAPEL, FL 33544 US

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: JOSE R FLORES 04/28/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: DP ( ) Delete Title: DP (X) Change ( ) Addition

Name:FLORES, JOSE RName:FLORES, JOSE RAddress:2236 CLIMBING IVY DRIVEAddress:2346 CREEL LANE

City-St-Zip: TAMPA, FL 33618 City-St-Zip: WESLEY CHAPEL, FL 33544

Title: DVP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 TAM, BENJAMIN
 Name:

 Address:
 5698 HAINES RD
 Address:

 City-St-Zip:
 ST PETERSBURG, FL 33714
 City-St-Zip:

Title: DS (X) Delete Title: ( ) Change ( ) Addition

 Name:
 RACE, CLYDE
 Name:

 Address:
 19045 DALE MABRY HWY N
 Address:

 City-St-Zip:
 LUTZ, FL 33548
 City-St-Zip:

Title: DT (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MARCUS, ANDREW
 Name:

 Address:
 PO BOX 1845
 Address:

 City-St-Zip:
 BRADENTON, FL 34206
 City-St-Zip:

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 R FLORES P 04/28/2009