2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005240

FILED Apr 17, 2009 Secretary of State

Entity Name: THREE OAKS PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

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

2935 20TH ST 2935 20TH ST

VERO BCH, FL 32960 VERO BEACH, FL 32960

Current Mailing Address: New Mailing Address:

2935 20TH ST 2935 20TH ST

VERO BCH, FL 32960 VERO BEACH, FL 32960

FEI Number: 20-4972707 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:

LAMBERT, PHILIP A
2935 20TH ST
2935 20TH ST

2935 20TH ST VERO BCH, FL 32960 US 2935 20TH ST VERO BEACH, FL 32960 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: 04/17/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

 Name:
 HALL, LYNN T
 Name:
 HALL, LYNN T

 Address:
 2973 20TH ST
 Address:
 2973 20TH ST

City-St-Zip: VERO BCH, FL 32960 City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete Title: D (X) Change () Addition Name: PRICE, ERIC M Name: PRICE, ERIC M

 Address:
 2955 20TH ST
 Address:
 2955 20TH ST

 City-St-Zip:
 VERO BCH, FL 32960
 City-St-Zip:
 VERO BEACH, FL 32960

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

Name: LAMBERT, PHILIP A
Address: 2935 20TH ST
Address: 2935 20TH ST

 Address:
 2935 20TH ST
 Address:
 2935 20TH ST

 City-St-Zip:
 VERO BCH, FL 32960
 City-St-Zip:
 VERO BEACH, FL 32960

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: PHILIP A. LAMBERT D 04/17/2009