

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012097

FILED
Jan 05, 2012
Secretary of State

Entity Name: FRUITVILLE PROFESSIONAL OFFICE CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ALESSANDRO A. GIANNINI
8620 SOUTH TAMiami TRAIL, SUITE N-P
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

ALESSANDRO A. GIANNINI
8620 SOUTH TAMiami TRAIL, SUITE N-P
SARASOTA, FL 34238

New Mailing Address:

FEI Number: 20-5926031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIANNINI, ALESSANDRO A
411 VANDERKLOOT DRIVE
OSPREY, FL 34229 US

Name and Address of New Registered Agent:

GIANNINI, ALESSANDRO A DDS
411 VANDERKLOOT DRIVE
OSPREY, FL 34229 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: ALESSANDRO A. GIANNINI, DDS

01/05/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: GIANNINI, ALESSANDRO A DDS
Address: 411 VANDERKLOOT DRIVE
City-St-Zip: OSPREY, FL 34229

Title: D
Name: STRICKLAND, GEORGE N
Address: 324 BAYSHORE DRIVE
City-St-Zip: OSPREY, FL 34229

Title: D
Name: GIANNINI, FRANCESCA
Address: 8620 SOUTH TAMiami TRAIL, SUITE N-P
City-St-Zip: SARASOTA, FL 34238

Title: P
Name: GIANNINI, ALESSANDRO A
Address: 411 VANDERKLOOT DRIVE
City-St-Zip: OSPREY, FL 34229

Title: VT
Name: STRICKLAND, GEORGE N
Address: 324 BAYSHORE DRIVE
City-St-Zip: OSPREY, FL 34229

Title: VS
Name: GIANNINI, FRANCESCA
Address: 8620 S TAMiami TR STE N-P
City-St-Zip: SARASOTA, FL 34238

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: ALESSANDRO A. GIANNINI, DDS

D

01/05/2012

Electronic Signature of Signing Officer or Director

Date