2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N06000013042

Entity Name: OVIEDO PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

101 E. KENNEDY BLVD., SUITE 4000
TAMPA, FL 33602

New Principal Place of Business:

16506 POINTE VILLAGE DRIVE
SUITE 201
LUTZ, FL 33558

Current Mailing Address:

101 E. KENNEDY BLVD., SUITE 4000
TAMPA, FL 33602

New Mailing Address:

16506 POINTE VILLAGE DRIVE
SUITE 201
LUTZ, FL 33558

FEI Number: 20-8041168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURAI WALD BIONDO MORENO & BROCHIN, PA
2 ALHAMBRA PLAZA, PH 1B
CORAL GABLES, FL 33134 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: PD ( ) Delete
Name: MILLS, RAYMOND E
Address: 101 E. KENNEDY BLVD., SUITE 4000
City-St-Zip: TAMPA, FL 33602

Title: VD ( ) Delete
Name: HOGAN, MICHAEL D
Address: 101 E. KENNEDY BLVD., SUITE 4000
City-St-Zip: TAMPA, FL 33602

Title: VSTD ( ) Delete
Name: SCHAFFE, MARC A
Address: 101 E. KENNEDY BLVD., SUITE 4000
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MILLS, RAYMOND E
Address: 16506 POINTE VILLAGE DRIVE SUITE 201
City-St-Zip: LUTZ, FL 33558

Title: VD (X) Change ( ) Addition
Name: HOGAN, MICHAEL D
Address: 16506 POINTE VILLAGE DRIVE SUITE 201
City-St-Zip: LUTZ, FL 33558

Title: VSTD (X) Change ( ) Addition
Name: REBACK, DEBRA J
Address: 16506 POINTE VILLAGE DRIVE SUITE 201
City-St-Zip: LUTZ, FL 33558

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: RAYMOND E MILLS PD 04/30/2007

Electronic Signature of Signing Officer or Director — Date