2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N07000001846

Entity Name: VENTURE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10365 HOOD ROAD
JACKSONVILLE, FL 32257

New Principal Place of Business:

10365 HOOD ROAD SOUTH
JACKSONVILLE, FL 32257

Current Mailing Address:

10365 HOOD ROAD
JACKSONVILLE, FL 32257

New Mailing Address:

10365 HOOD ROAD SOUTH
JACKSONVILLE, FL 32257

FEI Number: 20-8493655 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAGDONAS, MICHAEL
C/O NEW STRUCTURES, LLC
11497 COLUMBIA PARK DRIVE W
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

BAGDONAS, MICHAEL
C/O NEW STRUCTURES, LLC
10365 HOOD ROAD SOUTH
JACKSONVILLE, FL 32257 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: _____ 03/20/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BAGDONAS, MICHAEL
Address: 11497 COLUMBIA PARK DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32258

Title: V ( ) Delete
Name: STANLEY, NEWMAN
Address: 11497 COLUMBIA PARK DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32258

Title: ST ( ) Delete
Name: SOLANO, MOISES
Address: 11497 COLUMBIA PARK DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BAGDONAS, MICHAEL
Address: 10365 HOOD ROAD SOUTH STE 208
City-St-Zip: JACKSONVILLE, FL 32257

Title: V (X) Change ( ) Addition
Name: STANLEY, NEWMAN
Address: 10365 HOOD ROAD SOUTH STE 208
City-St-Zip: JACKSONVILLE, FL 32257

Title: ST (X) Change ( ) Addition
Name: SOLANO, MOISES
Address: 10365 HOOD ROAD SOUTH STE 208
City-St-Zip: JACKSONVILLE, FL 32257

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: MICHAEL BAGDONAS PRES 03/20/2009
Electronic Signature of Signing Officer or Director — Date