

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001846

FILED  
Apr 05, 2010  
Secretary of State

**Entity Name:** VENTURE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

10365 HOOD ROAD SOUTH  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

10365 HOOD ROAD SOUTH  
JACKSONVILLE, FL 32257

**New Mailing Address:**

P. O. BOX 50868  
JACKSONVILLE BEACH, FL 32240

**FEI Number:** 20-8493655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEACE & ASSOCIATES, P.A.  
10365 HOOD ROAD SOUTH - STE. 204  
JACKSONVILLE, FL 32257 US

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

RIVER CITY MANAGEMENT SERVICES, INC.  
1639 BEACH BLVD.  
JACKSONVILLE BEACH, FL 32250 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: STHOMPSON

04/05/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HASSAN, JOE  
Address: 10365 HOOD ROAD SOUTH STE 209  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D  
Name: TRISTAN, HERBERTO  
Address: 10365 HOOD ROAD SOUTH STE 101  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D  
Name: WHITE, CHARLES  
Address: 10365 HOOD ROAD SOUTH STE 107  
City-St-Zip: JACKSONVILLE, FL 32257

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: STHOMPSON

RA

04/05/2010

Electronic Signature of Signing Officer or Director

Date