

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001846

FILED
Apr 18, 2012
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:

P. O. BOX 50868
JACKSONVILLE BEACH, FL 32240

New Mailing Address:

FEI Number: 20-8493655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVER CITY MANAGEMENT SERVICES, INC.
1639 BEACH BLVD.
JACKSONVILLE BEACH, FL 32250 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: D
Name: HASSAN, JOE
Address: 10365 HOOD ROAD SOUTH STE 209
City-St-Zip: JACKSONVILLE, FL 32257

Title: D
Name: NEACE, JEFF
Address: 10365 HOOD ROAD SOUTH #204
City-St-Zip: JACKSONVILLE, FL 32257

Title: D
Name: FENNER, MATT
Address: 10365 HOOD ROAD SOUTH STE 203
City-St-Zip: JACKSONVILLE, FL 32257

Title: D
Name: JOHN, JIM
Address: 10365 HOOD ROAD SOUTH #104
City-St-Zip: JACKSONVILLE, FL 32257

Title: D
Name: STANLEY, NEWMAN
Address: 10365 HOOD ROAD SOUTH #207
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

04/18/2012

Electronic Signature of Signing Officer or Director

Date