

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003527

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Entity Name:** 56 PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

13250 N.56 STREET,  
203  
TAMPA, FL 33617

**New Principal Place of Business:**

13250 N.56 STREET,  
102  
TAMPA, FL 33617

**Current Mailing Address:**

P.O.BOX 16605  
TAMPA, FL 33687

**New Mailing Address:**

**FEI Number:** 26-0220021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUNSON, PETER J  
1501 SOUTH FLORIDA AVE  
LAKELAND, FL 33803 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  
Name: SALEH, M.I.  
Address: 13250 N. 56 STREET,SUITE 102  
City-St-Zip: TAMPA, FL 33617

Title: VD  
Name: SANTIAGO, RAMON  
Address: 13250 N. 56 STREET, SUITE 101  
City-St-Zip: TAMPA, FL 33617

Title: D  
Name: SALEH, BILAL  
Address: 13250 N.56 STREET,SUITE 102  
City-St-Zip: TAMPA, FL 33617

Title: ST  
Name: AREF, MARILYN  
Address: 4501 BLOOMSBURY COURT  
City-St-Zip: TAMPA, FL 33624

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: MS

MG

03/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date