

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005277

FILED
Apr 15, 2009
Secretary of State

Entity Name: BETHANY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

441 SW BETHANY DR
PORT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

441 SW BETHANY DR
PORT ST LUCIE, FL 34986

New Mailing Address:

FEI Number: 26-0833197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DERMODY, RACHELLE
6275 4TH ST
VERO BEACH, FL 32968 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: P () Delete
Name: DERMODY, RACHELLE
Address: 441 SW BETHANY DR
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VP () Delete
Name: STRANIGAN, CRAIG
Address: 441 SW BETHANY DR
City-St-Zip: PORT ST LUCIE, FL 34986

Title: S () Delete
Name: ASKELAND, RYAN
Address: 441 SW BETHANY DR
City-St-Zip: PORT ST LUCIE, FL 34986

Title: T () Delete
Name: DERMODY, CHRISTOPHER
Address: 441 SW BETHANY DR
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RACHELLE A. DERMODY

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date