

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90045 033 \*\*\*\*61.25  
05-01-2008 90186 021 \*\*\*\*61.25

60035806



01112008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N07000005596</b> 1. Entity Name <b>ST. CLOUD PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>8 BROADWAY STE 218 KISSIMMEE, FL 34741</b>			Mailing Address <b>8 BROADWAY STE 218 KISSIMMEE, FL 34741</b>		
2. Principal Place of Business - No P.O. Box # <b>202 Broadway</b>		3. Mailing Address <b>202 Broadway</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>KISSIMMEE, FLORIDA</b>		City & State <b>KISSIMMEE, FLORIDA</b>		4. FEI Number <b>26-1252995</b>	
Zip <b>34741</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SHEIVE, RANDY 8 BROADWAY STE 218 KISSIMMEE, FL 34741</b>		7. Name and Address of New Registered Agent Name <b>Randy SHEIVE</b> Street Address (P.O. Box Number is Not Acceptable) <b>202 BROADWAY</b> City <b>KISSIMMEE</b> FL <b>34741</b>			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>4.17.08</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHEIVE, RANDY 8 BROADWAY STE 218 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV QUINN, DANNY 3100 COMMUNICAIONS BLVD ST. CLOUD, FL 34769	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROGERS, SUSAN 8 BROADWAY STE 218 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
DATE <b>4.18.08</b>			Daytime Phone #		