

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

09 APR 16 AM 9:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA



03182009 Chg-NP CR2E037 (11/08)

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|--|--|--|---|
| DOCUMENT # N07000005596 | | | |
| 1. Entity Name ST. CLOUD PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business 202 BROADWAY KISSIMMEE, FL 34741 | | Mailing Address 202 BROADWAY KISSIMMEE, FL 34741 | |
| 2. Principal Place of Business - No P.O. Box # 2884 S. Osceola Ave | | 3. Mailing Address 2884 S. Osceola Ave | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Orlando, FL | | City & State Orlando, FL | |
| Zip 32806 | | Zip 32806 | |
| Country USA | | Country USA | |
| 4. FEI Number 26-1252995 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SHEIVE, RANDY 202 BROADWAY KISSIMMEE, FL 34741 | | 7. Name and Address of New Registered Agent Name: Ferdinandson Enterprises Street Address (P.O. Box Number is Not Acceptable): 2884 S. Osceola Ave City: Orlando, FL Zip Code: 32806 | |
| 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: | | DATE: 3/24/09 | |
| Filing Fee is \$61.25 Due by May 1, 2009 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP SHEIVE, RANDY 202 BROADWAY KISSIMMEE, FL 34741 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DV Sheive, Randy 202 Broadway Kissimmee, FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | DP Quinn, Danny 3128 Communications Rd St. Cloud, FL 34769 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DST ROGERS, SUSAN 202 BROADWAY KISSIMMEE, FL 34741 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS Quinn, Connie 3128 Communications Rd St. Cloud, FL 34769 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 600150656386 04/16/09--01003--019 **\$61.25 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: | | DATE: 3/24/09 DAYTIME PHONE #: 407-957-5022 | |