## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000009779

FILED Jul 03, 2008 Secretary of State

Entity Name: PALM VALLEY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:** New Principal Place of Business: 249 MAITLAND AVENUE STE 2000 200 E PALM VALLEY DRIVE ALTAMONTE SPRINGS, FL 32701 SUITE 2000 OVIEDO, FL 327365 **Current Mailing Address:** New Mailing Address: 249 MAITLAND AVENUE STE 2000 200 E PALM VALLEY DR ALTAMONTE SPRINGS, FL 32701 SUITE 2000 OVIEDO, FL 32765 FEI Number: 26-2615939 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRAHAM, JESSE E JR ESQ 360 NORTH NEW YORK AVE 3RD FLOOR WINTER PARK, FL 32789 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete SLAVENS, JOHN W LOEFFEL, PHILIP E Name: Name: 249 MAITLAND AVENUE STE 2000 Address: 200 E PALM VALLEY DRIVE SUITE 2000 Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: OVIEDO, FL 32765 Title: () Delete Title: (X) Change ( ) Addition TRACEY, RICHARD Name: CLINGER, BARRY R Name: Address: 249 MAITLAND AVENUE STE 2000 Address: 200 E PALM VALLEY DRIVE SUITE 2000 City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: OVIEDO, FL 32765 Title: DST () Delete Title: DST (X) Change ( ) Addition ENDICOTT, JOHN WEINGART, BRECK Name: Name: 249 MAITLAND AVENUE STE 2000 200 E PALM VALLEY DRIVE SUITE 1000 Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: OVIEDO, FL 32765 Title: Title: OF ( ) Change (X) Addition ( ) Delete Name: Name: DOMENIC, SCORPIO Address: Address: 200 E PALM VALLEY DRIVE SUITE 1000 OVIEDO, FL 32765 City-St-Zip: City-St-Zip: Title: () Delete Title: OF ( ) Change (X) Addition LESLIE, BRIAN Name: Name: 200 E PALM VALLEY DRIVE SUITE 1000 Address: Address: City-St-Zip: City-St-Zip: OVIEDO, FL 32765 Title: () Delete Title: ( ) Change (X) Addition CARLSON, JOHN Name: Name: Address: Address: 200 E PALM VALLEY DRIVE SUITE 1000 OVIEDO, FL 32765 City-St-Zip: 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: PHILIP LOEFFEL DP 07/03/2008