


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 22, 2008 8:00 am
Secretary of State

04-21-2008 90089 007 ****61.25

DOCUMENT # N07000012157			
1. Entity Name PALM BEACH PROFESSIONAL PARK OFFICE CONDOMINIUM ASSOCIATION, INC			
Principal Place of Business 42 BARKELY CIRCLE SUITE 3 FORT MYERS, FL 33907		Mailing Address 42 BARKELY CIRCLE SUITE 3 FORT MYERS, FL 33907	
2. Principal Place of Business - No P.O. Box # 12580 University Drive #102 Fort Myers, FL 33907		3. Mailing Address 12580 University Drive #102 Fort Myers, FL 33907	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number Applied For		Applied For	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONSOER, JR., GEORGE L 1825 HENDRY STREET FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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	D DAVIS, RONALD 42 BARKELY CIRCLE SUITE 3 FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	12580 University Drive #102 Fort Myers, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAUTENBACH, PETER 42 BARKELY CIRCLE SUITE 3 FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	12580 University Drive #102 Fort Myers, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D D'ANDREA, ROBERT 42 BARKELY CIRCLE SUITE 3 FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	12580 University Drive #102 Fort Myers, FL 33907 <input checked="" 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
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: <u>R. P. D'Andrea</u>		4/14/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	