

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90006 050 \*\*\*\*61.25

**DOCUMENT # N07129**

1. Entity Name  
**LARGO PROFESSIONAL CENTER CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**200 CLEARWATER LARGO RD., S.W.  
LARGO, FL 33770 US**

Mailing Address  
**200 CLEARWATER LARGO RD., S.W.  
LARGO, FL 33770 US**

**40008525**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2565029**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCFADDEN, MICHAEL K.  
200 CLEARWATER LARGO ROAD S.W.  
LARGO, FL 33770**

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

Signature, typed or printed name of registered agent and title (if applicable)

(If CTE, Registered Agent signature required when consenting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	MCFADDEN, MICHAEL K.	
STREET ADDRESS	200 CLEARWATER LARGO RD	
CITY - ST - ZIP	LARGO, FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PECAREK, JOHN H.	
STREET ADDRESS	200 CLEARWATER LARGO RD	
CITY - ST - ZIP	LARGO, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HERMAN, DANIEL J.	
STREET ADDRESS	200 CLEARWATER LARGO RD	
CITY - ST - ZIP	LARGO, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael K. McFadden	
STREET ADDRESS	200 Clearwater-Largo Road S	
CITY - ST - ZIP	Largo, Florida	
TITLE	Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John H. Pecarek	
STREET ADDRESS	200 Clearwater-Largo Road S	
CITY - ST - ZIP	Largo, Florida 33770	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:**

*Michael K. McFadden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael K. McFadden 01/04/08 (727) 584-8161  
Date Daytime Phone #