

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010533

FILED  
Feb 06, 2009  
Secretary of State

**Entity Name:** CLARK PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5111 RIDGEWOOD AVE., SUITE 300  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

5111 RIDGEWOOD AVE., SUITE 201  
PORT ORANGE, FL 32127

**Current Mailing Address:**

5111 RIDGEWOOD AVE., SUITE 300  
PORT ORANGE, FL 32127

**New Mailing Address:**

5111 RIDGEWOOD AVE., SUITE 201  
PORT ORANGE, FL 32127

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLARK, D. ANDREW  
5111 RIDGEWOOD AVE., SUITE 300  
PORT ORANGE, FL 32127 US

**Name and Address of New Registered Agent:**

CLARK, D. ANDREW  
5111 RIDGEWOOD AVE., SUITE 201  
PORT ORANGE, FL 32127 US

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: D ANDREW CLARK

02/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CLARK, D. ANDREW  
Address: 5111 RIDGEWOOD AVE., SUITE 300  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: CLARK, DOUGLAS J  
Address: 5111 RIDGEWOOD AVE., SUITE 300  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: DINARDO, CHRIS  
Address: 5111 RIDGEWOOD AVE., SUITE 300  
City-St-Zip: PORT ORANGE, FL 32127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CLARK, D. ANDREW  
Address: 5111 RIDGEWOOD AVE., SUITE 201  
City-St-Zip: PORT ORANGE, FL 32127

Title: D (X) Change ( ) Addition  
Name: CLARK, DOUGLAS J  
Address: 5111 RIDGEWOOD AVE., SUITE 201  
City-St-Zip: PORT ORANGE, FL 32127

Title: D (X) Change ( ) Addition  
Name: DINARDO, CHRIS  
Address: 5111 RIDGEWOOD AVE., SUITE 201  
City-St-Zip: PORT ORANGE, FL 32127

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: D ANDREW CLARK

PRES

02/06/2009

Electronic Signature of Signing Officer or Director

Date