

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09927

FILED
Jun 24, 2008
Secretary of State

Entity Name: ORMOND PROFESSIONAL ASSOCIATES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

909 STERTHAUS AVENUE
ORMOND BEACH, FL 321745133 US

New Principal Place of Business:

Current Mailing Address:

909 STERTHAUS AVENUE
ORMOND BEACH, FL 321745133 US

New Mailing Address:

FEI Number: 59-2694434 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

TRIMBLE, T L
111 NORTH ORLANDO AVENUE
WINTER PARK, FL 32789 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KHAN, K E MD
Address: 909 STERTHAUS AVENUE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: DVS () Delete
Name: GENTRY, MICHAEL V
Address: 875 STERTHAUS AVENUE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: TD () Delete
Name: LAFFORD, MEL
Address: 875 STERTHAUS AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: AS () Delete
Name: DE PRADA, ARIEL
Address: 111 N. ORLANDO AVE.
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ARIEL DE PRADA

AS

06/24/2008

Electronic Signature of Signing Officer or Director

Date