2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N09927

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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: D ( ) Delete
Name: THOMAS, DEBBIE
Address: 909 STERTHAUS AVENUE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D ( ) Delete
Name: COPELAND, DARLINDA
Address: 909 STERTHAUS AVENUE
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 04/08/2009
Electronic Signature of Signing Officer or Director — Date