FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



Secretary of State

DIVISION OF CORPORATIONS

1998

1. Corporation Name (2)								j				
LAKE JORGENSON PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.												
Principal Place of Business				Malling Address				(i redición sán niát, ádnán tíáin sánaá i		i Din ii Birii G	IBII BIBII IBBI
% JAMES L WEST 1001 37TH ST N. SUITE C				% JAMES L WEST 1001 37TH ST N. SUITE C					3. Date Incorporated or Qualified 07/06/1985			
81 PETERSBURG FL 33713-8097				ST PETERSBURG FL 33713-6097				-	4. FEI Number Applied For			
}									59-2735840			ot Applicable
2. Principal Place of Business 21				2e. Mailing Address					5. Certificate of Status Desired		- - · · -	Additional equired
Suite, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financing		\$5.00	May Be
22]				27				Trust Fund Contribution		Added t		
City & State				City & State				7. Is this nonprofit corporation a homeowners association?				
Zip	Country			<u> </u>			Country		8. This corporation owes or has pai			tangible
24	. 25			29 30					Personal Property Tax due June			
9. Name and Address of Current Registered Agent									10. Name and Address of New Re	gistered /	igent	
ĺ						81	Name					
WEST, JAMES L				Į.			Street Ac	ddress (P.O. Box Number is Not Acceptable)				
1001 37TH ST N						83						
SUITE C						••	1					\
ST PETERSBURG FL 33713						84 City				FL	85 Zip	Code
11. Pursual	nt to the provis	ions of Sections 617.050	2 and f	617.1508. Florida Statut	es the a	bov	e-named co	ornore	ation submits this statement for the p		changing /	ts registered
office o	r registered ac	gent, or both, in the State	of Flori	da. Such change was a	authorize	d b	y the corpo	ration	ation submits this statement for the pi is board of directors. I hereby accep	the appo	ointment as	registered
İ		itir, and accept the oblig	alionio c	n, agallari 017.0000, FR	Urida Sta	1010	.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)									when reinstating)	DATE		
12.	OFFICERS ANI						13.		ADDITIONS/CHANGES TO OFFIC			
TMLE	PD	*****		☐ DELETE	1.1 Ti		Ţ				☐ Change	Addition [
NAME					1.2 NAME							
STREET ADDRES	AT DETERMINA CI						ADDRESS					i
CITY-ST-ZIP	VD VD			☐ DELETE		1.4 CITY-ST-ZIP 2.1 TITLE					Change	Addition
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STREET ADDRESS	204 244 2544 24 4 25 4 25			_			2.3 STREET ADDRESS					
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STREET ADDRESS	s				4.3 ST	REET	ADDRESS]
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NAME	_ [5.2 N/							ĺ
STREET ADDRESS	s						ADDRESS					Į
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TITLE	ĺ									1	- Avenilla	
NAME STREET ADDRESS					6.2 NAME 6.3 STREET ADDRESS							1
DINCE I PLANTED	3 I				0.33	rie C l	PUNCO					I

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information Indicated on this annual report or supplemental annual 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 12 or Block 13 if charged, or on an attachment with an address. 6.4 CITY-ST-ZIP

FILED

May 13 1998 8:00am

Secretary of State