## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11163

FILED Mar 08, 2005 Secretary of State

Entity Name: MOULTRIE ROAD PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** A. F. PHILLIPS A. F. PHILLIPS 20 CONTERA DRIVE 1797 MOULTRIE ROAD ST AUGUSTINE, FL 32080 UD ST AUGUSTINE, FL 32086 US **Current Mailing Address: New Mailing Address:** 20 CONTERA DRIVE ST AUGUSTINE, FL 32080 US FEI Number: 59-2675931 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARNAGE, TERRY PHILLIPS, ARTHUR F PRES. 20 CONTERA DRIVE 1797 OLD MOULTRIE ROAD, #112 ST AUGUSITNE, FL 32080 ST AUGUSITNE, FL 32086 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: A. F. PHILLIPS 03/08/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HARNAGE, TERRY Name: Name: 1707 HORSESHOE DRIVE Address: Address: City-St-Zip: PLANT CITY, FL 33566 US City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: PHILLIPS, FRANK Name: Address: 20 CONTERA DRIVE Address: City-St-Zip: ST. AUGUSTINE, FL 32080 US City-St-Zip: Title: () Delete Title: () Change () Addition PHILLIPS, JACQUELINE B Name: Name: Address: 20 CONTERA DRIVE Address: City-St-Zip: ST. AUGUSTINE, FL 32080 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: A. F. PHILLIPS PRES 03/08/2005