

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N12375 1. Entity Name THE 800 PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 804 NORTH BELCHER ROAD SUITE 200 CLEARWATER FL 33765				Mailing Address 804 NORTH BELCHER ROAD SUITE 200 CLEARWATER FL 33765	
2. Principal Place of Business - No P.O. Box # N/A		3. Mailing Address N/A		 1st MOORE CR2E037 (10/07)	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A			
City & State N/A		City & State N/A			
Zip N/A		Country N/A		4. FEI Number 59-2775728	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORBETT, JOSEPH C. JR. 804 NORTH BELCHER ROAD, SUITE 200 CLEARWATER FL 34625				7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) N/A N/A City N/A FL Zip Code N/A	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature of officer or current name of registered agent (if not the same as the entity's name) Joseph C. Corbett, Jr. 01/25/08 DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D AVERILL, ROSE 802 N. BELCHER RD. CLEARWATER FL 33765	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U000000801535 02/01/08-80022-011 61.25 N/A	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP CORBETT, JOSEPH C. JR 804 NORTH BELCHER CLEARWATER FL	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	N/A	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BROWN, JAMIE W 800 NORTH BELCHER CLEARWATER FL 33765	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	N/A	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	N/A	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	N/A	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	N/A	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	N/A	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	N/A	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	N/A	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

The 800 Professional Center Condominium Association, Ind.
SIGNATURE **Joseph C. Corbett, Jr., Presidnet** **01/25/08** **727.447.6776**