
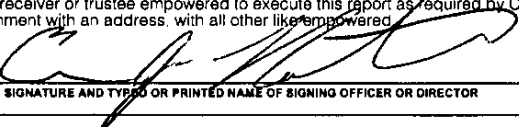


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N13241</b>		
1. Entity Name SOUTH COUNTY PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 16244 S MILITARY TR DELRAY BEACH, FL 33484		Mailing Address 1300 NORTH FEDERAL HIGHWAY SUITE 202 BOCA RATON, FL 33432 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		01042007 No Chg-NP CR2E037 (4/06)
4. FEI Number 59-2778924		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  BONITATIBUS, PETER N 1300 NORTH FEDERAL HIGHWAY SUITE #202 BOCA RATON, FL 33432		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROTHCHILD, ERIC 16244 S. MILITARY TRAIL DELRAY BEACH, FL 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BLUM, MICHAEL 16244 S MILITARY TRL DELRAY BCH, FL 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MILLER, ROBERT 16244 S. MILITARY TRAIL DELRAY BEACH, FL 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.		
<b>SIGNATURE:</b> 		Date _____ Daytime Phone # _____