


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

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N15962 1. Entity Name LONGWOOD PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 1250 W SR 434 STE. 1008 LONGWOOD, FL 32750 US	Mailing Address 1250 W SR 434 STE. 1008 LONGWOOD, FL 32750 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RAWLINS, JAMES D JR. 1250 W SR 434 STE. 1008 LONGWOOD, FL 32750		DO NOT WRITE IN THIS SPACE
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 reappointing)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RANGANATHAN, DR. 1250 W SR 434 LONGWOOD, FL 32750	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BEAN, DAVID L. 1250 W SR 434 LONGWOOD, FL 32750	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAWLINS, JAMES D., JR. 1250 W SR 434 LONGWOOD, FL 32750	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, ROBERT C. 1250 W SR 434 LONGWOOD, FL 32750	
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.		
SIGNATURE: <i>James D. Rawlin Jr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		16 JAN 07 (407) 830-4401 <small>Date Daytime Phone #</small>



01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2869426	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000591241
01/19/07-80015-003 61.25

**DO NOT WRITE
IN THIS SPACE**