

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28689 (0)
1. Corporation Name
PROFESSIONAL PARK OWNERS' ASSOCIATION, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**
95 JUN 13 PM 9:24

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
C/O EVAN E. DUSSIA, II 1911 MICCOSUKEE ROAD TALLAHASSEE FL 32308		C/O EVAN E. DUSSIA, II 1911 MICCOSUKEE ROAD TALLAHASSEE FL 32308	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Zip		
24	25	29	30

3. Date Incorporated or Qualified 10/04/1988	3a. Date of Last Report 05/01/1994
4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DUSSIA, EVAN EARL II M.D. 1911 MICCOSUKEE RD. TALLAHASSEE FL 32308		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DUSSIA, EVAN E., II	12 NAME	
STREET ADDRESS	1612 W. PLAZA DR.	13 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	14 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MCLARTY, E. LYNN	22 NAME	
STREET ADDRESS	1904 MICCOSUKEE ROAD	23 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	24 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MUNASIFI, FAISEL	32 NAME	
STREET ADDRESS	1407 M.D. LANE	33 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	34 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	ED	41 TITLE	☐ Change ☐ Addition
NAME	VINCENT, PRICE H. JR.	42 NAME	
STREET ADDRESS	2316 FOXBORO WAY	43 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	44 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, upon an attachment with an address.

SIGNATURE: [Signature] EVAN E. DUSSIA II 2/2/95 9048776881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)