
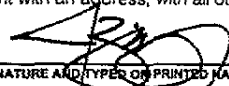


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # N30662 1. Entity Name PRESTIGE PROFESSIONAL PARK OWNERS' ASSOCIATION, INC.		
Principal Place of Business 2655 MCCORMICK DR. CLEARWATER, FL 33759	Mailing Address 2655 MCCORMICK DR. CLEARWATER, FL 33759	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NALVEN, KAREN 2655 MCCORMICK DR. CLEARWATER, FL 33759		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 reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by September 14, 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	P NALVEN, KAREN 2655 MCCORMICK DRIVE CLEARWATER, FL 33759	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOOS, ROBERT D 2651 MCCORMICK DR. CLEARWATER, FL 33759	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ZAJAC, JOHN 2655 MCCORMICK DR CLEARWATER, FL 33759	
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.		
SIGNATURE:  JOHN ZAJAC		Date 7/6/07 Daytime Phone # (727) 535-5609



07022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2937159	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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07/11/07-80004-014 61.25

**DO NOT WRITE
IN THIS SPACE**