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Jul 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31092 (2) 1. Corporation Name PARK DRIVE PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.

Principal Place of Business C/O JOEL D. BROIDA, ESO. 605 75TH AVENUE ST. PETERSBURG BEACH FL 33706	Mailing Address C/O JOEL D. BROIDA, ESO. 116 HOMEPORT DR PALM HARBOR FL 34683 US
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2. Principal Place of Business 21 Karen S. Keaton Suite, Apt. #, etc. 22 111 2nd Ave. NE, Suite 620 City & State 23 St. Petersburg, FL Zip 24 33701	2a. Mailing Address 28 BRT PROPERTIES Suite, Apt. #, etc. 27 10595 Nina St City & State 28 Largo, FL Zip 29 33778
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9. Name and Address of Current Registered Agent BROIDA, JOEL D. BROIDA & NAPIER, P.A. 605 75TH AVENUE ST. PETERSBURG BEACH FL 33706
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3. Date Incorporated or Qualified 03/09/1989
4. FEI Number 65-0126158
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. Name and Address of New Registered Agent 81 Name Karen S. Keaton 82 Street Address (P.O. Box Number is Not Acceptable) 111 2nd Ave. NE. 83 Suite 620 84 City St. Petersburg FL 85 Zip Code 33701

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Jerry G. Bloechus, PD 4/30/98
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12. OFFICERS AND DIRECTORS	
TITLE PD NAME FRAZIS, MICHAEL N. STREET ADDRESS 116 HOMEPORT DR CITY-ST-ZIP PALM HARBOR FL	<input checked="" type="checkbox"/> DELETE
TITLE STD NAME FRAZIS, SULTANA M. STREET ADDRESS 116 HOMEPORT DR CITY-ST-ZIP PALM HARBOR FL	<input checked="" type="checkbox"/> DELETE
TITLE D NAME BROIDA, JOEL D. STREET ADDRESS 605 75TH AVENUE CITY-ST-ZIP ST. PETERSBURG BCH FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD 1.2 NAME BLOECHUS JERRY G 1.3 STREET ADDRESS 10595 NINA ST 1.4 CITY-ST-ZIP LARGO, FL 33778	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE STD 2.2 NAME BLOECHUS, KAREN J 2.3 STREET ADDRESS 10595 NINA ST 2.4 CITY-ST-ZIP LARGO, FL 33778	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE D 3.2 NAME KEATON, KAREN S 3.3 STREET ADDRESS 111 2nd Ave. NE, Suite 620 3.4 CITY-ST-ZIP St Petersburg, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.
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CR2E037 (10/97)