

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

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90110 043 ****61.25

DOCUMENT # N32349

1. Entity Name
**PARK PROFESSIONAL CENTER CONDO ASSOCIATION,
INC.**



Principal Place of Business
**9633 W BROWARD BLVD
FORT LAUDERDALE, FL 33324 US**

Mailing Address
**DF GOUVERT
6842 BRIDLE WOOD CT
BOCA RATON, FL 33433 US**

60014132



01252007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0144740

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DF, GOUVERT INC
6842 BRIDGEWOOD CT
BOCA RATON, FL 33433**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HOWARD, ALAN 7633 W BROWARD BLVD PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DILLON, DON 9633 WEST BROWARD BOULEVARD PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CATO, DANIEL 600 W TROPICAL WAY PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-07 554-3708100