

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N39414**

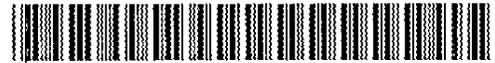
1. Entity Name  
**CONWAY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**3100 S CONWAY RD**      **3100 S CONWAY RD**  
**ORLANDO, FL 32812**      **ORLANDO, FL 32812**

**DO NOT WRITE IN THIS SPACE**



08042004 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
**59-3215618**      Not Applicable

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

6. Name and Address of Current Registered Agent

**BICKERTON, JOHN, K, MD**  
**3100 S CONWAY RD**  
**ORLANDO, FL 32812**

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

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

U00000171091  
 08/30/04-80003-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTICH, JOAN 3100 S CONWAY RD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ANDERSON, WILLIAM T. 3150 S CONWAY RD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BICKERTON, JOHN K. 3100 S CONWAY RD ORLANDO, FL
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 exemption stated in Section 119.07(3)(j), 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 K Bickerton MD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/04 407-380-2266  
Date Daytime Phone #