


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

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N39414</b> 1. Entity Name CONWAY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 3100 S CONWAY RD ORLANDO, FL 32812	Mailing Address 3100 S CONWAY RD ORLANDO, FL 32812
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**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3215618	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BICKERTON, JOHN, K, MD 3100 S CONWAY RD ORLANDO, FL 32812
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**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 _____
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/06/07-80022-019 70.00

**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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/29/07 <small>Date</small>	(407) 380-2216 <small>Daytime Phone #</small>
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