

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39414

FILED
Jan 13, 2009
Secretary of State

Entity Name: CONWAY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3100 S CONWAY RD
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

3100 S CONWAY RD
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 59-3215618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MARTICH, JOAN,
Address: 3100 S CONWAY RD
City-St-Zip: ORLANDO, FL

Title: DV () Delete
Name: ANDERSON, WILLIAM T.,
Address: 3150 S CONWAY RD
City-St-Zip: ORLANDO, FL

Title: DST () Delete
Name: BICKERTON, JOHN K.,
Address: 3100 S CONWAY RD
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MARTICH, JOAN,
Address: 3100 S CONWAY RD
City-St-Zip: ORLANDO, FL 32812

Title: DV (X) Change () Addition
Name: ANDERSON, WILLIAM T.,
Address: 3150 S CONWAY RD
City-St-Zip: ORLANDO, FL 32812

Title: DST (X) Change () Addition
Name: BICKERTON, JOHN K.,
Address: 3100 S CONWAY RD
City-St-Zip: ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN K. BICKERTON, M.D.

DST

01/13/2009

Electronic Signature of Signing Officer or Director

Date