

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39414

**FILED**  
**Mar 22, 2011**  
**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  
Name: MARTICH, JOAN  
Address: 3100 S CONWAY RD  
City-St-Zip: ORLANDO, FL 32812

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN K. BICKERTON, MD

RA

03/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date