


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N39986</b> 1. Entity Name ENGLEWOOD PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business  
130 S. INDIANA AVENUE  
SUITE B  
ENGLEWOOD, FL 34223

Mailing Address  
130 S. INDIANA AVENUE  
SUITE B  
ENGLEWOOD, FL 34223



02172006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0216679	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

JEFFREY A. CHIRILLO, D.M.D.  
130 S. INDIANA AVENUE  
SUITE B  
ENGLEWOOD, FL 34223

**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 May 1, 2006**

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

03/22/06-80028-022 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	KHURANA, MOHAN S.
STREET ADDRESS	1867 S. TAMiami TRAIL
CITY - ST - ZIP	VENICE, FL
TITLE	DST
NAME	CHIRILLO, JEFFREY A.
STREET ADDRESS	4075 E. PELICAN SHORES
CITY - ST - ZIP	ENGLEWOOD, 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 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

3/8/06  
Date

941-475-2442  
Daytime Phone #