

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

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N44218

1. Entity Name
125 PROFESSIONAL BUILDING CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
125 N.E. 8 STREET
HOMESTEAD, FL 33030 US

Mailing Address
1472 N HOMESTEAD BLVD.
SUITE #2
HOMESTEAD, FL 33030 US



01162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0296509

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPAULDING, CHRIS B.
1472 N HOMESTEAD BLVD
SUITE #2
HOMESTEAD, FL 33030

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
- Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MAZURE, PHILIPPE E
1409 JAY COURT
HOMESTEAD, FL 33030

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORRIS, ELIZABETH K
28330 SW 163 AVENUE
HOMESTEAD, FL 33030

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SPAULDING, CHRIS B
27805 SW 164 COURT
HOMESTEAD, FL 33031

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
GORHAM, ROBERT S
6955 SW 60 TERRACE
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILLIGAN, JANICE E
P. O. BOX 280
HOMESTEAD, FL 33090

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOMARA, LUIS
13706 SW 56 ST, STE 201
MIAMI, FL 33175

U00000625443
02/14/07-80076-009 61.25

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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

CHRIS SPAULDING President

1/25/2007

Date

Daytime Phone #

305246 2100