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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 31 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45353

1. Corporation Name
IONA SCHOOLHOUSE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
15951 MCGREGOR BLVD. FT. MYERS FL 33908	15951 MCGREGOR BLVD. SUITE 3 FT. MYERS FL 33908 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/27/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0284986 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BREEN, DIANE
15951 MCGREGOR BLVD.
SUITE 3
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

31 Name

DAVI617 339012103 1598 11 01/08/99
NOTIFY SENDER OF NEW ADDRESS
DAVID DOUGLAS ASSOC INC
260 PROFESSIONAL PL
NORTH FORT MYERS FL 33903-4322

DAVID DOUGLAS ASSOCIATES, INC.
1617 HENDRY ST STE 409
FORT MYERS FL 33901-2976

NEW Address

11. Pursuant to the provisions of Sections 617.0502 and 617.150 office or registered agent, or both, in the State of Florida. Su agent. I am familiar with, and accept the obligations of, Secti

SIGNATURE
Signature, typed or printed name of registered agent and title if applica

-297609

12. OFFICERS AND DIRECTOR

TITLE	D		2.1 TITLE	
NAME	BREEN, DIANE		2.2 NAME	
STREET ADDRESS	15951 MCGREGOR BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BREEN, DALE		3.2 NAME	
STREET ADDRESS	2183 CHAPMAN LAKE		3.3 STREET ADDRESS	
CITY-ST-ZIP	WARSAW IN		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BREEN, KEVIN C.		3.2 NAME	
STREET ADDRESS	15975 MCGREGGOR BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

3/31/99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane Breen (SIGNATURE) 1/19/99 (941) 482-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COPY

(2)

March 30, 1999

Stacy -

Per our phone conversation today, the name David Douglas is incorrect and I don't even know who that is. I am the registered agent and there is no change.

Please correct and process.

Thank you

Diane Breen

(941) 482-0500

P.O. Box 8489
Ft. Myers, FL
33908