## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT #

N45580

(0)

THE 2000 PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.

IATION	, INC.					
Principal Place of Business Mailing Address					NIBIT BIDIT BIBIS EIGH BIBIT BIBIS 1881	
C/O JOHN H HANNA. MD 2664 NE 24TH ST LIGHTHOUSE POINT FL 33064-8302 US		C/O JOHN H HANNA. MD 2664 NE 24TH ST LIGHTHOUSE POINT FL 33064-8302 US				
				3. Date Incorporated or Qualified 10/11/1991	3a. Date of Last Report 02/14/1995	
2. Principal Pta	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-6088011	Not Applicable	
Surte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	<u> </u>		Election Campaign Financing	\$5.00 May Be
23		28	,		Trust Fund Contribution	Added to Fees
Zιρ	Country	Zip	Country		8. This corporation has liability for intang	gible tax under s. 199.032, es. □ No
24	9. Name and Address of Currer		30		10. Name and Address of New Regist	
	3. Halle Bild Address of Carro.	in Hogisterou Agent	81	Name		<u> </u>
• HANNA, JOHN H. M.D.			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	
2664 NE						
	OUSE PT FL 33064		83			
•			84	City		FL 85 Zip Code
44 5	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	and 617 1509 Florida Ptatutos	the above	named corp	poration submits this statement for the purpose	
or register	red agent, or both, in the State of Flori	da. Such change was authorized	d by the corp	poration's bo	pard of directors. I hereby accept the appointment	ent as registered agent. I am
	th, and accept the obligations of, Sect	ion 617.0503, Fiorida Statutes.				
SIGNATURE _	Signature, typed or printed name of registered agold	and the it applicable (NOTE	E: Rug stered Age	nt signature reciu		DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	
TITUE	D	□DELETE 111				Change Addition
NAME	HANNA, JOHN H. M.D.	14.1	1.2 NAME			
STREET ADDRESS	2000 NE 44TH ST. SUITE #	101		F ADDRESS		
CITY-ST-ZIP TITLE	LIGHTHOUSE POINT FL D	DELETE	14 CiTY - 2 2 1 TiTLE	SI-ZIP		☐ Change ☐ Add tion
NAME			2 2 NAME			_ • •
STREET ADDRESS	2000 NE 44TH ST		2.3 STREET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE POINT FL		2 4 CITY-ST-ZIP			
TTLE	D DELETE		3 1 TITLE			Change Addition
NAME	ODDO, EDWARD, JR		3.2 NAME			
STREET ADDRESS	5355 TOWN CTR RD #801		1	T ADDRESS	500001727 -02/29/9601016	"5 <u>2</u> 5
CITY - ST - ZIP	BOCA RATON FL	TOELETE	3 4 CITY -	\$1 · 21P	- <u>UZ/Z9/36UJU18</u> ***61.25	Change Addition
THILE NAME		Ditter	4 2 NAME	.	***U1.60	
STREET ADORESS				T ADDRESS		
City - ST - ZiF			4.4 CiTY-	ST-ZiP		
TITLE		DELETE	5 1 TITLE			Change Addition
NAME			5 2 NAME			
STREET ADDRESS			- It	1 ADDRESS		
CiTY-ST-ZiP		□ nci etc	5.4 CITY -	S1-ZIP		Change Addition
TITLE		<u></u> DELETE	6 1 TITLE 6 2 NAME			~ 0/ n
NAME CICCO ADDRESS				T ADDRESS		70.50
STREET ADDRESS CITY-ST-ZIP			6 4 CITY -			<i>y</i> .
14 I do borok	t by certify that the information supplied	with this filing is voluntarily furnit	shed and do	es not qualit	fy for the exemption stated in Section 119.07(3	)(k), Florida Statutes. I further
oath that	t Lam an officer or director of the coro	oration or the receiver or trustee	e empowered	ue and acci to execute	urate and that my signature shall have the sam this report as required by Chapter 617, Florida	Statutes; and that my name
appears in	n Block 12 or Block 13 if changed, or	on an automient with an addre	-us.		Uanua ka 'D	

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-9

1954) 782-262

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\*Lyaytinie Phone #