

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N50463

1. Corporation Name

GEORGETOWN PROFESSIONAL OFFICE PARK  
SECTION 1, CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

12000 N. Dale Mabry Hwy.  
Suite 212  
Tampa, FL 33618

Mailing Address

850 Stephenson Highway  
Suite 200  
Troy, MI 48083

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

8/20/92

4. FEI Number

59-3185736

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

10. Name and Address of New Registered Agent

81

Name

Michael T. Trocke

82

Street Address (P.O. Box Number is Not Acceptable)

Barnett Plaza - Suite 2800

83

101 E. Kennedy Blvd.

84

City

Tampa

FL

85

Zip Code

33602

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0501, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P/D

☐ DELETE

NAME

Michael G. Damone

STREET ADDRESS

850 Stephenson Hwy, Suite 200

CITY-ST-ZIP

Troy, MI 48083

TITLE

V/D

☐ DELETE

NAME

Daniel R. Andrew

STREET ADDRESS

850 Stephenson Hwy, Suite 200

CITY-ST-ZIP

Troy, MI 48083

TITLE

S/D

☐ DELETE

NAME

Michael J. Damone

STREET ADDRESS

850 Stephenson Hwy, Suite 200

CITY-ST-ZIP

Troy, MI 48083

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

REINSTATEMENT 98-99  
TS

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:

*Daniel R. Andrew* DANIEL R. ANDREW  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/99 248-583-6020  
Date Daytime Phone #

FILED  
99 JUL -9 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E037 (11/98)