2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2005 8:00 am Secretary of State

DOCUMENT # N51056 1. Entity Name SCOTSDALE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.				04-22-2005 90267 038 ****61.25				
Principal Place of Business 1460 BELTREES ST. DUNEDIN, FL 34698		Mailing Address 28163 US HWY 19 N SUITE 204 CLEARWATER, FL 33761						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052005 Ch	g-NP CR2E037	(10/03)		
City & State		City & State		4. FEI Number 59-314527	5	Applied Not Ap	for plicable	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired — 🗆 - Ş	8.75 Additionate Required	al	
6. Name and Address of Current Registered		Registered Agent	Nome	7. Name and Add	ess of New Registered Ag	ent		
BOSLEY, JOHN W.				Name				
2876 KNOLLWOOD CT CLEARWATER, FL 33761			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code		
	named entity submits this statement to tions of registered agent.	r the purpose of changing its r	egistered office or regis	stered agent, or both, in	the State of Florida. I am fai	miliar with, and	accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requ	rired when reinstating)	DATE			
	Filing Fee is \$61.25	9. Election Camp	paign Financing	\$5.00 May Be	Máke check j			
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Máke check j Florida Departn	nent of State		
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12. I rereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i). 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 DIRECTO

4-19-05

Daytime Phone #