

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90370 044 ****61.25

DOCUMENT # N51056

1. Entity Name
**SCOTSDALE PROFESSIONAL CENTER CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**1460 BELTREES ST.
DUNEDIN, FL 34698**

Mailing Address
**28163 US HWY 19 N
SUITE 204
CLEARWATER, FL 33761**

40034281



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3145275

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOSLEY, JOHN W.
2876 KNOLLWOOD CT
CLEARWATER, FL 33761**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reinstating)

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSLEY, JOHN W. 2876 KNOLLWOOD CT CLEARWATER, FL 33761	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSLEY, EDNA L. 2876 KNOLLWOOD CT CLEARWATER, FL 33761	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, LARRY L 1508 PUTNAM COURT DUNEDIN, FL 34698	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AVEDISIAN, ROBERT 1480 BELTRESS ST STE 1 DUNEDIN, FL 34698	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

Date

Daytime Phone #

3-09-07