

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90068 032 ****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					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-3145275			
Applied For <input type="checkbox"/>		Not Applicable <input checked="" type="checkbox"/>					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BOSLEY, JOHN W. 2876 KNOLLWOOD CT CLEARWATER, FL 33761			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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BOSLEY, JOHN W.	NAME					
STREET ADDRESS	2876 KNOLLWOOD CT	STREET ADDRESS					
CITY - ST - ZIP	CLEARWATER, FL 33761	CITY - ST - ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BOSLEY, EDNA L.	NAME					
STREET ADDRESS	2876 KNOLLWOOD CT	STREET ADDRESS					
CITY - ST - ZIP	CLEARWATER, FL 33761	CITY - ST - ZIP					
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	EVANS, LARRY L	NAME					
STREET ADDRESS	1508 PUTNAM COURT	STREET ADDRESS					
CITY - ST - ZIP	DUNEDIN, FL 34698	CITY - ST - ZIP					
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	AVEDISIAN, ROBERT	NAME					
STREET ADDRESS	1480 BELTRESS ST STE 1	STREET ADDRESS					
CITY - ST - ZIP	DUNEDIN, FL 34698	CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					
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: <i>Henry G. Davis</i>			3-17-08				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				