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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N93000003322

1. Corporation Name

PROMENADES PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3300 TAMIAMI TRAIL PORT CHARLOTTE FL 33952 US

Mailing Address

3300 TAMIAMI TRAIL PORT CHARLOTTE FL 33952 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/23/1993

4. FEI Number

08-3564408

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

9. Name and Address of Current Registered Agent

FLUHARTY, GREG 3802 TAMIAMI TRAIL PORT CHARLOTTE FL 33952

Address change only

Bo 1

10. Name and Address of New Registered Agent

81 Name FLUHARTY, GREG.

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

83 3300, TAMIAMI TRAIL, 103

84 City PORT CHARLOTTE FL

85 Zip Code 33952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP [ ] DELETE  
NAME FLUHARTY, GREG  
STREET ADDRESS 3802 TAMIAMI TRAIL  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE DV [ ] DELETE  
NAME ASPERILLA, MARK  
STREET ADDRESS 3300 TAMIAMI TRAIL, SUITE 102  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE DST [ ] DELETE  
NAME RAJARAM, RAMACHANDRAN  
STREET ADDRESS 3300 TAMIAMI TRAIL, SUITE 101A  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 [ ] Change [ ] Addition  
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 [ ] Change [ ] Addition  
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

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:

SIGNATURE REQUIRED

2.17.99

(941) 529-4676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)