

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 08, 2005
Secretary of State**

DOCUMENT# N93000003322

Entity Name: PROMENADES PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3300 TAMIAMI TRAIL
SUITE 101A
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

3300 TAMIAMI TRAIL
SUITE 101A
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

FEI Number: 65-0353603 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FLUHARTY, GREG
3300 TAMIAMI TR., #103
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FLUHARTY, GREG
Address: 3802 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DV () Delete
Name: ASPERILLA, MARK
Address: 3300 TAMIAM TRAIL, SUITE 102
City-St-Zip: PORT CHARLOTTE, FL

Title: DST () Delete
Name: RAJARAM, RAMACHANDRAN
Address: 3300 TAMIAMI TRAIL, SUITE 101A
City-St-Zip: PORT CHARLOTTE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: ASPERILLA, MARK
Address: 3300 TAMIAM TRAIL, SUITE 102
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DST (X) Change () Addition
Name: RAJARAM, RAMACHANDRAN
Address: 3300 TAMIAMI TRAIL, SUITE 101A
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMACHANDRAN RAJARAM

DST

04/08/2005

Electronic Signature of Signing Officer or Director

Date