

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003322

FILED  
Apr 08, 2009  
Secretary of State

**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 TAMIAMI TRAIL, SUITE 102  
City-St-Zip: PORT CHARLOTTE, FL 33952

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date