## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N93000003322

1. Entity Name

## PROMENADES PROFESSIONAL CENTER CONDOMINIUM ASSOC



**FILED** Mar 14, 2003 8:00 am Secretary of State

03-14-2003 90053 043 \*\*\*\*61.25

IATION, INC.					<b>'</b>			
Principal Place of Business 3300 TAMIAMI TRAIL SUITE 101A PORT CHARLOTTE FL 33952 US		Mailing Address 3300 TAMIAMI TRAIL SUITE 101A PORT CHARLOTTE FL 33952 US						
2. Principal Place of Business		3. Mailing Address				<b>i i</b> i i i i i i i i i i i i i i i i i	<b>(88</b>         <b>88</b>	(1818 (181 (88)
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING	CHANGES	3
City & State		City & State			4. FEI Number 65	-0353603	Applied For Not Applicable	
Zip Country		Zip	Zip Counti		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
	6. Name and Address of Current R	legistered Agent			7. Name and Add	ress of New Registered	Agent	
				Name				
FLUHARTY, GREG				Street Address	s (P.O. Box Number is N	lot Acceptable)		
	MAMITR., #103 Marlotte fl 33952						<del></del> -	
PURI UN	IANLUTTE PL 33932			City			Zip Co	de
1 4				1		FL	,	
the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or regist	tered agent, or both, in	the State of Florida. I am	familiar with	n, and accept
SIGNATURÉ .	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE	: Registere	ed Agent signature requi	ired when reinstating)	DATE		
	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund C		· -	<b>\$5.00</b> May Be Added to Fees	Make Checi Florida Depar	tment of	State
10.	OFFICERS AND DIRE	ECTORS	11.		ADDITIONS/CHANG	S TO OFFICERS AND D	RECTORS I	N 10
TITLE NAME STREET ADDRESS	DP Fluharty, Greg 3802 Tamiami Trail	☐ Delete	TITL NAM STRI	l l			☐ Change	☐ Addition
CITY-ST-ZIP	PORT CHARLOTTE FL'33952		City	/-ST-ZIP				
TITLE NAME STREET ADDRESS	DV   ASPERILLA, MARK   3300 TAMIAM TRAIL, SUITE 102	☐ Delete	TITL NAM STRI				☐ Change	Addition
CITY-ST-ZIP	PORT CHARLOTTE FL		CITY	(-ST-ZIP		والمعادية المستعدد ال	A	
TITLE	DST RAJARAM, RAMACHANDRAN	Delete	TITL NAM				Change	Addition
NAME STREET ADDRESS	3300 TAMIAMI TRAIL, SUITE 101A	<b>\</b>		EET ADDRESS				
CITY-ST-ZIP	PORT CHARLOTTE FL	•		(-ST-ZIP				
TITLE	TOTAL OF THE TE	□ Delete	TITL	E	10-5-5-11		☐ Change	☐ Addition
NAME			NAM	AE				
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			CID	/-ST-ZIP				
TITLE		☐ Delete	TITL	i i			☐ Change	☐ Addition
NAME			NAM	1				
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS /-ST-ZIP				
TITLE		Delete	TITL				☐ Change	Addition
NAME		<u> </u>	NAM				_ , ,,	<del></del>
STREET ADDRESS			STR	EET ADDRESS				
CITY-ST-ZIP			CITY	/-ST-ZIP				
40 I bander	والمعارب المحارب والمستواني المستوانين والمعارب والمستوانين	this filles does not evolify for	46a au	metion stated in	Castian 110.07(2)(i) Ele	orida Statutas, Lifurther ca	rtifu that the	information

I nereby certify that the information supplied with this filling does not quality 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 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 expect 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:

RAJARAM 3. 10.03 (941) 624-4696