


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90034 026 ****61.25

DOCUMENT # N94000003205 1. Entity Name PROFESSIONAL COURT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 27800 OLD 41 RD BONITA SPRINGS, FL 34135 US			Mailing Address 27800 OLD 41 RD BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0526417	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STERLING PROPERTY SERVICES 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE	PD KITSBERG, LAWRENCE L STREET ADDRESS 1428 SW 53 TERR CITY-ST-ZIP CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete			
TITLE	VD MCGARVEY, JOHN STREET ADDRESS 17599 RIVERVIEW CENTER BLVD, #105 CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete			
TITLE	STD PRICE, WILLIAM STREET ADDRESS 27599 RIVERVIEW CENTER BLVD, #105 CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete			
TITLE		<input type="checkbox"/> Delete			
TITLE		<input type="checkbox"/> Delete			
TITLE		<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	PD C. VICTOR HARRIS STREET ADDRESS 9530 MARKETPLACE Rd., Suite 301 CITY-ST-ZIP FORT MYERS, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE	VP D ROBERT W. MCCLURE STREET ADDRESS 3511 BONITA BAY BLVD. CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>Alden K. Williams as agent</i> ALDEN K. WILLIAMS 3/13/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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