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Feb 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003704 (1)

1. Corporation Name

THE CLYDE MORRIS PROFESSIONAL CENTRE CONDOMINIUM
ASSOCIATION, INC.

Principal Place of Business

Mailing Address

17 BROADRIVER ROAD
ORMOND BEACH FL 32174

17 BROADRIVER ROAD
ORMOND BEACH FL 32174



3. Date Incorporated or Qualified

07/09/1996

4. FEI Number

59-3391418

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 730086

22 City & State

27 City & State

23 Zip

Country

28 ORMOND BEACH FL

Zip

Country

24

25

29 32173

30

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☒

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLUB, PAUL F JR
17 BROADRIVER ROAD
ORMOND BEACH FL 32174

81 Name

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

83

84 City

FL

85

Zip Code

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

1-4-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
STREET ADDRESS HOLUB, PAUL F JR
CITY-ST-ZIP POST OFFICE BOX 730086
ORMOND BEACH FL 32173-0086

TITLE ☐ DELETE

NAME STD
STREET ADDRESS CULLEN, JOHN F JR
CITY-ST-ZIP 1199 W. GRANADA BOULEVARD
ORMOND BEACH FL 32175

TITLE ☐ DELETE

NAME D
STREET ADDRESS SWEET, JEFFREY C
CITY-ST-ZIP 149 E. INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32118

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE:

1-4-98

CR2E037 (10/97)