


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N96000003704</b>		
1. Entity Name <b>THE CLYDE MORRIS PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.</b>		

Principal Place of Business <b>675 N. BEACH ST. ORMOND BEACH, FL 32174 VO</b>	Mailing Address <b>P O BOX 730086 ORMOND BEACH, FL 32173 US</b>
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## DO NOT WRITE IN THIS SPACE

**FILED**  
**05 MAY 10 AM 8: 04**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3391418</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HOLUB, PAUL F JR 675 N. BEACH ST. ORMOND BEACH, FL 32174</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLUB, PAUL F JR POST OFFICE BOX 730086 ORMOND BEACH, FL 321730086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CULLEN, JOHN F JR 1199 W. GRANADA BOULEVARD ORMOND BEACH, FL 32175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEET, JEFFREY C 149 E. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**200054747782**  
**05/18/05--01059--012 \*\*61.25**

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*05/18*

12. 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 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.

**NATURE:**  **3/22/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #