

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003704

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** THE CLYDE MORRIS PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

675 N. BEACH ST.  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 730086  
ORMOND BEACH, FL 32173 US

**New Mailing Address:**

**FEI Number:** 59-3391418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLUB, PAUL F JR  
675 N. BEACH ST.  
ORMOND BEACH, FL 32174 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: PD  
Name: HOLUB, PAUL F JR  
Address: POST OFFICE BOX 730086  
City-St-Zip: ORMOND BEACH, FL 321730086

Title: STD  
Name: CULLEN, JOHN F JR  
Address: 1199 W. GRANADA BOULEVARD  
City-St-Zip: ORMOND BEACH, FL 32175

Title: D  
Name: SWEET, JEFFREY C  
Address: 149 E. INTERNATIONAL SPEEDWAY BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32118

I hereby 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 all other like empowered.

SIGNATURE: PAUL F. HOLUB, JR.

PD

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date