2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004698

FILED Apr 04, 2012 Secretary of State

Entity Name: HILLMOOR PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1801 SE HILLMOOR DRIVE #A106 PORT ST. LUCIE, FL 34952

Current Mailing Address: New Mailing Address:

PO BOX 880038 430 NW LAKE WHITNEY PLACE PORT SAINT LUCIE, FL 349880038 US PORT SAINT LUCIE, FL 34986 US

FEI Number: 65-0709876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROSS EARLE & BONAN, P.A. 789 S. FEDERAL HWY STE 101 STUART, FL 34994 US

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: STRAUSS, SORRELL I D.M.D.
Address: 430 NW LAKE WHITNEY PLACE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: SD

Name: HARRIS, BETH

Address: 430 NW LAKE WHITNEY PLACE City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD

Name: GOEBEL, GERALD D.M.D.
Address: 430 NW LAKE WHITNEY PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title:

Name: GIACHINO, JUAN CARLOS M.D.
Address: 430 NW LAKE WHITNEY PLACE
City-St-Zip: PORT STA LUCIE, FL 34986

Title: D

Name: HOFFMAN, DONALD M.D.
Address: 430 NW LAKE WHITNEY PLACE
City-St-Zip: PORT ST LUCIE, FL 34986

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: SORRELL STRAUSS PD 04/04/2012