

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90017 031 ****61.25

DOCUMENT # N96000004817					
1. Entity Name THE PROFESSIONALS' CENTRE CONDOMINIUM OF FLEMING ISLAND, INC.					
Principal Place of Business 4609-3 U.S. HIGHWAY 17 ORANGE PARK, FL 32003		Mailing Address 4609-3 U.S. HIGHWAY 17 ORANGE PARK, FL 32003			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3470150	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MITTAUER, JOE 4609-3 U.S. HIGHWAY 17 ORANGE PARK, FL 32003				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	TD Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKHAM, BRAD			NAME	Lawrence Preston Mangus, III
STREET ADDRESS	4605 US HWY 17 STE 3			STREET ADDRESS	2297 Stockton Dr., Green Cove Springs, FL 32043
CITY-ST-ZIP	ORANGE PARK, FL 32003			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	
NAME	HARTER, DEBORAH			NAME	
STREET ADDRESS	4607 US HWY 17 STE 3			STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32003			CITY-ST-ZIP	
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	GREEN, MIKE			NAME	
STREET ADDRESS	4609-3 U.S. HIGHWAY 17			STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32003			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	
NAME	MITTAUER, JOE			NAME	
STREET ADDRESS	4609-3 U.S. HIGHWAY 17			STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32003			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 				3/22/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				704-264-6801	
				Daytime Phone #	