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FILED
May 26 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 # **N97000001347 (0)**

1. Corporation Name

**MAIN STREET PROFESSIONAL CENTER CONDOMINIUM ASSO
CIATION, INC.**

Principal Place of Business

**5347 MAIN STREET
NEW PORT RICHEY FL 34652**

Mailing Address

**5347 MAIN STREET
NEW PORT RICHEY FL 34652**

3. Date Incorporated or Qualified

03/05/1997

4. FEI Number

59-3429940

Applied For
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip
24 **33762**

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip
29

Country

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

**LOOS, JOLENE T
2857 EXECUTIVE DRIVE
SUITE 120
CLEARWATER FL 34622**

81 Name

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

83

84 City

FL 85 Zip Code
33762

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

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **HAUBER, FREDERICK**
STREET ADDRESS **5347 MAIN STREET**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☐ DELETE
NAME **AREVALO ARAUJO, ROBERTO**
STREET ADDRESS **5347 MAIN STREET**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☐ DELETE
NAME **LOOS, JOLENE T**
STREET ADDRESS **2857 EXECUTIVE DR, STE 120**
CITY-ST-ZIP **CLEARWATER FL 34622**

TITLE **D** ☐ DELETE
NAME **HEBBAR, NERIA H**
STREET ADDRESS **5347 MAIN STREET**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **33762**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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.

CP2E037 (10/97)