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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # N97000001347

1. Corporation Name

MAIN STREET PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5347 MAIN STREET<br>NEW PORT RICHEY FL 33762<br>US | 5347 MAIN STREET<br>NEW PORT RICHEY FL 34652 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 2857 EXECUTIVE DR. | 3. Date Incorporated or Qualified<br>03/05/1997 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 SUITE 120 | 4. FEI Number<br>59-3429940 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 Clearwater FL | 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 33762 Country 30 USA | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

LOOS, JOLENE T
2857 EXECUTIVE DRIVE
SUITE 120
CLEARWATER FL 33762

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HAUBER, FREDERICK | | 1.2 NAME | | |
| STREET ADDRESS | 5347 MAIN STREET | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34652 | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | AREVALO ARAUJO, ROBERTO | | 2.2 NAME | | |
| STREET ADDRESS | 5347 MAIN STREET | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34652 | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LOOS, JOLENE T | | 3.2 NAME | | |
| STREET ADDRESS | 2857 EXECUTIVE DR, STE 120 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL 33762 | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HEBBAR, NERIA H | | 4.2 NAME | | |
| STREET ADDRESS | 5347 MAIN STREET | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34652 | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 4/22/99 727-572-7404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)