2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State
01-12-2004 90022 008 ****61.25

DOCUMENT # N97000001347

1. Entity Name
MAIN STREET PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5347 MAIN STREET NEW PORT RICHEY, FL 33762 US	4805 W LAUREL STREET STE 100 TAMPA, FL 33607

N97000001347

01072004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3429940
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOOS, JOLENE T
4805 W LAUREL STREET
STE 100
TAMPA, FL 33607

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAUBER, FREDERICK
STREET ADDRESS	5347 MAIN STREET
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	DS
NAME	AREVALO ARAUJO, ROBERTO
STREET ADDRESS	5347 MAIN STREET
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	DT
NAME	LOOS, JOLENE T
STREET ADDRESS	4805 W LAUREL STREET STE 100
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	DV
NAME	HEBBAR, NERIA H
STREET ADDRESS	5347 MAIN STREET
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: Jolene T. Loos 1/6/04 813.286.7323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #