2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004
Secretary of State

DOCUMENT# N98000003091

Entity Name: HARBOR PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

100 S SECOND ST
FT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

100 S SECOND ST
ATTN: PHYSICAL RESOURCES
FT PIERCE, FL 34950

New Mailing Address:

FEI Number: 65-0934012 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORT, ALBERT L
100 S SECOND ST
FT PIERCE, FL 34950

Name and Address of New Registered Agent:

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 ( ) Delete
Name: FORT, ALBERT L
Address: 100 S SECOND ST
City-St-Zip: FT PIERCE, FL 34950

Title: SD ( ) Delete
Name: GRUSZAUSKAS, GINA
Address: 100 S SECOND ST
City-St-Zip: FT PIERCE, FL 34950

Title: TD ( ) Delete
Name: JOHNSON, GEORGE
Address: 100 S SECOND ST
City-St-Zip: FT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: NELLI, GINA
Address: 100 S SECOND ST
City-St-Zip: FT PIERCE, FL 34950

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GINA NELLI SD 01/14/2004

Electronic Signature of Signing Officer or Director — Date