

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003091

FILED  
Jan 30, 2006  
Secretary of State

**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 US

**Name and Address of New Registered Agent:**

NELLI, GINA M  
100 S SECOND ST  
FT PIERCE, FL 34950 US

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: GINA M. NELLI

01/30/2006

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

Title: SD (X) Change ( ) Addition  
Name: SANTIUSTE, TONI  
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 Chapter 119, 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 M. NELLI

PD

01/30/2006

Electronic Signature of Signing Officer or Director

Date