

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000003867**

1. Entity Name  
**INTERCONTINENTAL PROFESSIONAL CENTER  
MAINTENANCE ASSOCIATION, INC.**



Principal Place of Business  
**C/O FLORIDA TRUST REALTY, INC.  
210 N UNIVERSITY DR., STE. 200  
CORAL SPRINGS, FL 33071**

Mailing Address  
**C/O FLORIDA TRUST REALTY, INC.  
210 N UNIVERSITY DR., STE. 200  
CORAL SPRINGS, FL 33071**



03282007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0865151**

Applied For  
Not Applicable

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

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

**ARGENTI, ROBERT  
C/O FLORIDA TRUST REALTY, INC.  
210 N UNIVERSITY DR., STE. 200  
CORAL SPRINGS, FL 33071**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**B  
BEDNER, STEPHEN  
14186 STARKLEY RD  
MANALAPAN, NJ 33446**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**VPD  
CUCCERESE, NANDO  
2258 SW GOLD BEAR WAY  
PALM CITY, FL 34990**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

U00000735165  
05/10/07-80022-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-07 954-763-8111