


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000003867</b> 1. Entity Name <b>INTERCONTINENTAL PROFESSIONAL CENTER MAINTENANCE ASSOCIATION, INC.</b>	
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Principal Place of Business <b>C/O FLORIDA TRUST REALTY, INC. 210 N UNIVERSITY DR., STE. 200 CORAL SPRINGS, FL 33071</b>	Mailing Address <b>C/O FLORIDA TRUST REALTY, INC. 210 N UNIVERSITY DR., STE. 200 CORAL SPRINGS, FL 33071</b>
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01152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0865151</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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

<b>ARGENTI, ROBERT C/O FLORIDA TRUST REALTY, INC. 210 N UNIVERSITY DR., STE. 200 CORAL SPRINGS, FL 33071</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B BEDNER, STEPHEN 14186 STARKLEY RD MANALAPAN, NJ 33446</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD CUCCERESE, NANDO 2258 SW GOLD BEAR WAY PALM CITY, FL 34990</b>
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03/05/08-80034-001 61.25

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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:** \_\_\_\_\_

*2/20/08*