

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003322

**Entity Name:** PROMENADES PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 12, 2024**  
**Secretary of State**  
**1557005994CC**

**Current Principal Place of Business:**

3300 TAMIAMI TRAIL  
SUITE 101A  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

3300 TAMIAMI TRAIL  
SUITE 101A  
PORT CHARLOTTE, FL 33952 US

**FEI Number: 65-0480884**

**Certificate of Status Desired: No**

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

ELBAHNASAWY, AMAL  
7360 N SEAGRAPE RD  
PUNTA GORDA, FL 33955 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:** AMAL ELBAHNASAWY

02/12/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           MANAGER  
Name           RAJARAM, RAMACHANDRAN  
Address        824 DOBELL TERRACE  
City-State-Zip: PORT CHARLOTTE FL 33948-3773

Title           MANAGER  
Name           MORR, JEFF  
Address        1835 E. HALLANDALE BEACH BLVD  
                  SUITE 834  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           MANAGER  
Name           ELBAHNASAWY, AMAL  
Address        7360 N SEAGRAPE RD  
City-State-Zip: PUNTA GORDA FL 33955

*I hereby 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 all other like empowered.*

**SIGNATURE:** AMAL ELBAHNASAWY

02/12/2024

Electronic Signature of Signing Officer/Director Detail

Date