
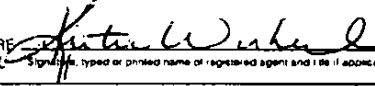



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90032 004 \*\*\*\*61.25

DOCUMENT # N05000003258			
1. Entity Name MURDOCK PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 25110 BERNWOOD DR SUITE 101 BONITA SPRINGS, FL 34135		Mailing Address 25110 BERNWOOD DR SUITE 101 BONITA SPRINGS, FL 34135	
2. Principal Place of Business - No P.O. Box # <b>17825 Murdock Circle</b>		3. Mailing Address <b>PO Box 380758</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Port Charlotte, FL</b>		City & State <b>Murdock, FL 33938-0758</b>	
Zip <b>33948</b>	Country	Zip <b>33938-0758</b>	Country
4. FEI Number <b>20-2617748</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SVOBODA, BRIT E 25110 BERNWOOD DR SUITE 101 BONITA SPRINGS, FL 34135</b>		7. Name and Address of New Registered Agent Name <b>Kristine Wishard</b> Street Address (P.O. Box Number is Not Acceptable) <b>23081 Harborview Road, 2nd Fl.</b> City <b>Port Charlotte FL</b> Zip Code <b>33980</b>	
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  DATE <b>3/7/07</b> <small>(Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when registering)</small>			
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SVOBODA, BRIT E 25110 BERNWOOD DR - STE 101 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Siegel, Glenn 17825 Murdock Circle Port Charlotte, FL 33948 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD RASMUS, MARK K 25110 BERNWOOD DR - STE 101 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Martin, Kimber 17843 Murdock Circle Port Charlotte, FL 33948 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRAWFORD, WALTER 25110 BERNWOOD DR - STE 101 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Brunette, Ronald - 17843-A Murdock Circle Port Charlotte, FL 33948 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Selley, Clay 17833 Murdock Circle Port Charlotte, FL 33948 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Hicks, Don 17841 Murdock Circle Port Charlotte, FL 33948 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date <b>4/12/07</b> Phone # <b>941-629-8190</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	