

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 12, 2009
Secretary of State**

DOCUMENT# N05000003258

Entity Name: MURDOCK PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

17825 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 380758
MURDOCK, FL 33938 US

New Mailing Address:

FEI Number: 20-2617748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISHARD, KRISTINE
1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: SELLEY, VALERIE
Address: 17833 MURDOCK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: PD () Delete
Name: MARTIN, KIMBER
Address: 17843 MURDOCK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VPD () Delete
Name: BRUNELLE, RONALD
Address: 17843 MURDOCK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRUNETTE, RONALD
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: VPD (X) Change () Addition
Name: MARTIN, KIMBER
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: STD (X) Change () Addition
Name: FAIRCLOUGH, WILLIAM
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

I hereby certify that the information supplied with this filing does not qualify 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: RONALD BRUNETTE

PD

03/12/2009

Electronic Signature of Signing Officer or Director

Date