

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 28, 2009
Secretary of State**

DOCUMENT# N06000002789

Entity Name: MIDPOINT PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4790 BARKLEY CIRCLE BLDG A
FT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

4790 BARKLEY CIRCLE BLDG A
FT MYERS, FL 33907

New Mailing Address:

FEI Number: 20-4572747 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARMA, NEEKAYTAN DR.
4790 BARKLEY CIRCLE BLDG A
FT MYERS, FL 33907 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: D () Delete
Name: SHARMA, NEEKAYTAN DR.
Address: 4790 BARKLEY CIRCLE BLDG A
City-St-Zip: FT MYERS, FL 33907

Title: D () Delete
Name: GANTT, KERRI
Address: 8741 BANYAN COVE CIRCLE
City-St-Zip: FT MYERS, FL 33919

Title: D () Delete
Name: FEIOCK, BRIAN MD
Address: 6541 WINKLER ROAD
City-St-Zip: FT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NEEKAYTAN SHARMA

D

01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date