

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # N45104

1. Entity Name
MURDOCK PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2414 TAMiami TRAIL
PORT CHARLOTTE, FL 33952**

Mailing Address

**2414 TAMiami TRAIL
PORT CHARLOTTE, FL 33952**



03272006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0288704

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOLTERMAN, PATRICIA
1938 S TAMiami TR
VENICE, FL 34293**

**DO NOT WRITE
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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KALLNISCHKIEL, MANFRED
STREET ADDRESS	2414 TAMiami TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	VD
NAME	DUNN, JOHN
STREET ADDRESS	2414 TAMiami TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	PD
NAME	KOLTERMAN, PATRICIA
STREET ADDRESS	2414 TAMiami TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000508383
04/28/06-80003-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/06

9416245915