

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002789

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

**FILED**  
**Feb 07, 2017**  
**Secretary of State**  
**CC8101591990**

**Current Principal Place of Business:**

4790 BARKLEY CIRCLE BLDG A  
FT MYERS, FL 33907

**Current Mailing Address:**

4790 BARKLEY CIRCLE BLDG A  
FT MYERS, FL 33907

**FEI Number: 20-4572747**

**Certificate of Status Desired: No**

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

SHARMA, NEEKAYTAN DR.  
4790 BARKLEY CIRCLE BLDG A  
FT MYERS, FL 33907 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name SHARMA, NEEKAYTAN DR.  
Address 4790 BARKLEY CIRCLE BLDG A  
City-State-Zip: FT MYERS FL 33907

Title D  
Name GANTT, KERRI  
Address 8741 BANYAN COVE CIRCLE  
City-State-Zip: FT MYERS FL 33919

Title D  
Name FEIOCK, BRIAN MD  
Address 6541 WINKLER ROAD  
City-State-Zip: FT MYERS FL 33919

*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: NEEKAYTAN SHARMA

DIRECTOR

02/07/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date