

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002789

Entity Name: MIDPOINT PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 17, 2014
Secretary of State
CC5381558157

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

AGENT

02/17/2014

Electronic Signature of Signing Officer/Director Detail

_____ Date