| Entity Name: MIDPOINT PROFESSIONAL CENTER CONDOMINIUM |  |
|---|--|
| ASSÓCIATION, INC.                                     |  |

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**Current Principal Place of Business:** 

4790 BARKLEY CIRCLE BLDG A FT MYERS, FL 33907

DOCUMENT# N0600002789

## **Current Mailing Address:**

4790 BARKLEY CIRCLE BLDG A FT MYERS, FL 33907

## FEI Number: 20-4572747

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

SHARMA, NEEKAYTAN DR. 4790 BARKLEY CIRCLE BLDG A FT MYERS, FL 33907 US Certificate of Status Desired: No

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

## Officer/Director Detail :

| Title           | D                          | Title           | D                       |
|-----------------|----------------------------|-----------------|-------------------------|
| Name            | SHARMA, NEEKAYTAN DR.      | Name            | GANTT, KERRI            |
| Address         | 4790 BARKLEY CIRCLE BLDG A | Address         | 8741 BANYAN COVE CIRCLE |
| City-State-Zip: | FT MYERS FL 33907          | City-State-Zip: | FT MYERS FL 33919       |
| Title           | D                          |                 |                         |
| Name            | FEIOCK, BRIAN MD           |                 |                         |
| Address         | 6541 WINKLER ROAD          |                 |                         |
|                 | 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

REGISTERED AGENT

04/06/2023

Date

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Apr 06, 2023 Secretary of State 4191247715CC