

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90098 005 \*\*\*\*61.25

**DOCUMENT # N01000004600**

1. Entity Name  
**HARBOR BOULEVARD PROFESSIONAL CENTER  
ASSOCIATION, INC.**



Principal Place of Business  
**3191 HARBOR BLVD  
B  
PORT CHARLOTTE, FL 33952**

Mailing Address  
**3191 HARBOR BLVD  
B  
PORT CHARLOTTE, FL 33952**

40076622



2. Principal Place of Business - No P.O. Box #

**950 Tamiami Trail  
STE 101  
Pt. Charlotte, FL 33953**

3. Mailing Address

**950 Tamiami Trail  
STE 101  
Pt. Charlotte, FL 33953**

04122007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**01-0685148**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**DUNN, CAROL J  
3191 HARBOR BLVD  
STE B  
PORT CHARLOTTE, FL 33952**

Name

Street Add

City

**950 Tamiami Trail  
STE 101  
Pt. Charlotte, FL 33953**

Zip Code

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

*Carol J. Dunn*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/07

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **OSKEY, RONALD B**  
STREET ADDRESS **3191-B HARBOR BLVD**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **DPT** ☐ Delete  
NAME **DUNN, CAROL J**  
STREET ADDRESS **3191-B HARBOR BLVD**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **DVP** ☐ Delete  
NAME **AIXA, ARIAS**  
STREET ADDRESS **3191 HARBOR BLVD STE A**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **DS** ☐ Delete  
NAME **HODEL, RICK**  
STREET ADDRESS **3191 HARBOUR BLVD SUITE C**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **950 Tamiami Trail**  
STREET ADDRESS **STE 101**  
CITY-ST-ZIP **Pt. Charlotte, FL 33953**

TITLE ☒ Change ☐ Addition  
NAME **950 Tamiami Trail**  
STREET ADDRESS **STE 101**  
CITY-ST-ZIP **Pt. Charlotte, FL 33953**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Carol J. Dunn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07

DATE

941-629-8886

Daytime Phone #