

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90074 020 ****61.25

DOCUMENT # N01000004600

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



Principal Place of Business
**950 TAMiami TRAIL
SUITE 101
PORT CHARLOTTE, FL 33953**

Mailing Address
**950 TAMiami TRAIL
SUITE 101
PORT CHARLOTTE, FL 33953**

DO NOT WRITE IN THIS SPACE



03142008 No Chg-NP

CR2E037 (4/06)

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
950 TAMiami TRAIL
SUITE 101
PORT CHARLOTTE, FL 33953**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------|
| TITLE | D |
| NAME | OSKEY, RONALD B |
| STREET ADDRESS | 950 TAMiami TRAIL SUITE 101 |
| CITY-ST-ZIP | PORT CHARLOTTE, FL 33953 |
| TITLE | DPT |
| NAME | DUNN, CAROL J |
| STREET ADDRESS | 950 TAMiami TRAIL SUITE 101 |
| CITY-ST-ZIP | PORT CHARLOTTE, FL 33953 |
| TITLE | DVP |
| NAME | AIXA, ARIAS |
| STREET ADDRESS | 3191 HARBOR BLVD STE A |
| CITY-ST-ZIP | PORT CHARLOTTE, FL 33952 |
| TITLE | DS |
| NAME | HODEL, RICK |
| STREET ADDRESS | 3191 HARBOUR BLVD SUITE C |
| CITY-ST-ZIP | PORT CHARLOTTE, FL 33952 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 #

4-14-08 941-629-8886

Carol J. Dunn