

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

04-19-2004 90369 031 ****61.25

DOCUMENT # N03000000540					
1. Entry Name HARBOR PROFESSIONAL CENTRE MASTER ASSOCIATION, INC.					
Principal Place of Business % BAYSHORE LAND GROUP, INC. 255 ALHAMBRA CIRCLE, SUITE 325 CORAL GABLES, FL 33134			Mailing Address % BAYSHORE LAND GROUP, INC. 255 ALHAMBRA CIRCLE, SUITE 325 CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address PO Box 380758			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MURDOCK, FL		4. FEI Number 13-4257930	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 33938		Country US		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MACNAIR, CHRISTOPHER J. % BAYSHORE LAND GROUP, INC. 255 ALHAMBRA CIRCLE, SUITE 325 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name: <u>Wishard Kristina</u> Street Address (P.O. Box Number is Not Acceptable): <u>23081 Harborview Road</u> City: <u>Fort Charlotte</u> FL Zip Code: <u>33980</u>		
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: <u>Kristina Wishard</u> Signature, typed or printed name of registered agent and title if applicable.			DATE: <u>3/23/04</u> (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERTIG, JAY 255 ALHAMBRA CIRCLE, SUITE 325 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACNAIR, CHRISTOPHER J 255 ALHAMBRA CIRCLE, SUITE 325 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANT, STEVEN D 12653 S.W. COUNTY RD 769, SUITE A LAKE SAZY, FL 34269		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Christopher J. MacNair, V.P.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: <u>3/24/04</u> DAYTIME PHONE: <u>305 445-6161</u>		