

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 14, 2006
Secretary of State

DOCUMENT# N03000000540

Entity Name: HARBOR PROFESSIONAL CENTRE MASTER ASSOCIATION, INC.**Current Principal Place of Business:**% BAYSHORE LAND GROUP, INC.
255 ALHAMBRA CIRCLE, SUITE 325
CORAL GABLES, FL 33134**New Principal Place of Business:**2421 SHREVE ST
SUITE 115
PUNTA GORDA, FL 33950**Current Mailing Address:**PO BOX 380758
MURDOCK, FL 33938**New Mailing Address:**2421 SHREVE ST
SUITE 115
PUNTA GORDA, FL 33950**FEI Number:** 13-4257930**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WISHARD, KRISTINE
23081 HARBORVIEW ROAD
PORT CHARLOTTE, FL 33980 US**Name and Address of New Registered Agent:**BENNETT, DOROTHY M
2421 SHREVE ST
SUITE 115
PUNTA GORDA, FL 33950 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: DOROTHY M BENNETT

06/14/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FERTIG, JAY
Address: 255 ALHAMBRA CIRCLE, SUITE 325
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: MACNAIR, CHRISTOPHER J
Address: 255 ALHAMBRA CIRCLE, SUITE 325
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: GANT, STEVEN D
Address: 12653 S.W. COUNTY RD 769, SUITE A
City-St-Zip: LAKE SAZY, FL 34269

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KHALIDI, NASIR MD
Address: 2595 HARBOR BLVD STE 206
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D (X) Change () Addition
Name: ZUSMAN, AMY
Address: 3430 TAMiami TRL STE A
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D (X) Change () Addition
Name: VAKIL, SAMIR DPM
Address: 3406 TAMiami TRL STE 1
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SAMIR VAKIL

D

06/14/2006

Electronic Signature of Signing Officer or Director

Date