

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90251 022 ****61.25

DOCUMENT # N03000000546					
1. Entity Name HARBOR PROFESSIONAL CENTRE I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 255 ALHAMBRA CIRCLE, SUITE 325 CORAL GABLES, FL 33134			Mailing Address P.O. BOX 380758 MURDOCK, FL 33938 US		
2. Principal Place of Business 3390 TAMiami TrL Suite, Apt. #, etc. STE 101 City & State PORT CHARLOTTE FL		3. Mailing Address 2421 Shreve ST STE 115 Suite, Apt. #, etc. City & State PUNTA GORDA FL		01102006 Chg-NP CR2E037 (11/05) 83-0363202 4. FEI Number 83-0363202	
Zip 33952		Country USA		Zip 33950	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WISHARD, KRISTINE 28081 HARBORVIEW ROAD PORT CHARLOTTE, FL 33980			7. Name and Address of New Registered Agent Name <u>Dorothy M BENNETT</u> Street Address (P.O. Box Number is Not Acceptable) 2421 SHREVE ST STE 115 PUNTA GORDA City <u>FL</u> Zip Code <u>33950</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>Dorothy M. Bennett</u> DATE <u>4/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$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	DP FERTIG, JAY 255 ALHAMBRA CIRCLE, SUITE 325 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTARIKSHA KERI 3390 TAMiami TrL STE 101 PORT CHARLOTTE FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS MACNAIR, CHRISTOPHER J 255 ALHAMBRA CIRCLE, SUITE 325 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANJEEV ZUTSHI 3390 TAMiami TrL STE 105 PORT CHARLOTTE FL 33952-8161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GANT, STEVEN 12653 S.W. COUNTY ROAD 769, SUITE A LAKE SUZY, FL 34269	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SONIA GONZALEZ-CANAL 3390 TAMiami TrL STE 104 PORT CHARLOTTE FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Antariksha Keri</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DIRECTOR <u>4/27/06</u> <u>941-639-1142</u> <small>Date Daytime Phone #</small>		

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