2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N03000000546

HARBOR PROFESSIONAL CENTRE I CONDOMINIUM ASSOCIATION, INC.



04-30-2007 90446 020 ****61.25

Apr 30, 2007 8:00 am Secretary of State

FILED

Principal Place of Business
3300 TAMIAMI TRI

Mailing Address

2421 SHREVE ST STE 115

STE 101 PUNTA GORI		50	PUNT	A GORDA, FL 339	50 US	•		elija i nn edin dan J			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02152007	Chg-NP	CR2E	037 (12/06)	
City & Star	e		City & State			4. FEI Numbe 83-0363				pplied For lot Applicable	
Zip Country			Zip	Zíp Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent							7. Name and	Address of New	Registered	Agent	
						Name					
BENNETT, DOROTHY M 2421 SHREVE ST STE 115					 -	Street Addre	ess (P.O. Box Numbe	er is Not Acceptat	ofe)		
PUNTA G					<u> </u>						
					_						
					1 '	City			F	L Zip Co	de
		y submits this statement !	or the purpo	ose of changing its r	registered	office or reg	istered agent, or bot	h, in the State of I	Florida. I ar	n familiar with	, and accept
the obligation	lions of regist	ered agent.									
}											
SIGNATURE	Signature, typed	or printed name of registered ager	nt and title if app	licable. (NOTE:	: Registered Ac	gent signature rei	quired when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007				S. Election Campaign F Trust Fund Contributi				\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
l	Due by N	may 1, 2001					Added to rees				
10.	Due by N	OFFICERS AND D	IRECTORS		11.		ADDITIONS/CHA				
TITLE	D	OFFICERS AND D	IRECTORS	Delete	11.						_
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TITLE	D ANTARIK 3390 TAM	OFFICERS AND D SHA, KERI IIAMI TRL STE 101	***		11.	ADDRESS				DIRECTORS I	N 10
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12. Thereby 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 on 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.

C.A.M

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-637-1142 Daytime Phone #