## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N04000004073



**FILED** Jan 14, 2008 8:00 am Secretary of State

01-14-2008 90095 004 \*\*\*\*61.25

1. Entity Name HARBOR PROFESSIONAL CENTRE II CONDOMINIUM ASSOCIATION, INC.								01-	14-2008	8 90095 (	004 ****	51.25	
3400 TAMIAMI TRAIL 340 Unit #103 Unit			3400 UNIT	ailing Address 1400 TAMIAMI TRAIL INIT #103 PORT CHARLOTTE, FL 33952						an Ha H			
Principal Place of Business - No P.O. Box #     Mailing Address													
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				01052008	Chg-	NP	CR2E03	37 (12/06)	
City & State			City	City & State				4. FEI Number Applied For 20-1820901 Not Applicab					
Zip	Zip Country		Zip		entry	5 Certificate of Status Desired 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					\$8.75 Ad	ditional	
6. Name and Address of Current Register			Registere	ed Agent				7. Name and Address of New Registered Agent					
						Name						_ <del>_</del>	
KELLEY DC, JAN 3400 TAMIAMI TRL #103 PORT CHARLOTTE. FL 33952				Street Address				(P.O. Box Number is Not Acceptable)					
	,	•											
						City					FL	Zip Coc	ie
	named entity tions of regist	y submits this statement for tered agent.	r the purpo	ose of changing its	registere	ed office or	registere	ed agent, or bo	th, in the	State of F	lorida. I am	lamiliar with	and accept
SIGNATURE	Signature, typed	for printed name of registered egent a	and title if appl	icable. (NOTE	; Registere	d Agent signetu	re required	when reinstating)			DATE		
		e is \$61.25 flay 1, 2008		9. Election Can Trust Fund C				\$5.00 May 8 Added to Fees			Make check rida Depar		
10.			RECTORS				⊔ —			Flo	rida Depar	tment of S	tate
10. TITLE NAME	Due by N	flay 1, 2008	RECTORS		ontributi	ion. [	A	Added to Fees	ANGES	Flo TO OFFIC	rida Depar	tment of S	tate
TITLE	PT WEN SHU POB 3807	OFFICERS AND DIF UN, KUO S	RECTORS	Trust Fund C	11. TITLE NAME STRE	ion. [	A	Added to Fees ADDITIONS/CH	ANGES	Flo TO OFFIC	rida Depar	tment of S	V 10
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	PT WEN SHU POB 3807 MURDOC	OFFICERS AND DIF UN, KUO S 758 K, FL 33938	RECTORS	Trust Fund C	11. TITLE NAME STRE CITY	E ET ADDRESS -ST-ZIP	□ A V.u.	Added to Fees DDITIONS/CH	anges	Flo TO OFFIC	rida Depar	tment of S	V 10
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	PT WEN SHU POB 3807 MURDOC VSD MACNAIR	OFFICERS AND DIF UN, KUO S 758 CK, FL 33938 R, CHRISTOPHER J	, ,	Trust Fund C	11. TITLE NAM STRE CITY TITLE	E ET ADDRESS - ST-ZIP	□ A V.u.	Added to Fees ADDITIONS/CH	anges	Flo TO OFFIC	rida Depar	TECTORS IN	N 10 Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	PT WEN SHU POB 3807 MURDOC VSD MACNAIR 255 ALHA	OFFICERS AND DIF UN, KUO S 758 K, FL 33938	, ,	Trust Fund C	11. TITLE NAME STRE CITY TITLE NAME STRE	E ET ADDRESS -ST-ZIP	□ A V.u.	Added to Fees DDITIONS/CH	anges	Flo TO OFFIC	rida Depar	TECTORS IN	N 10 Addition
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I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 en address, with all other like empowered.

**SIGNATURE:** 

HING OFFICER OR DIRECTOR