2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N04000004073

Entity Name: HARBOR PROFESSIONAL CENTRE II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3400 TAMIAMI TRAIL
UNIT #103
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

3400 TAMIAMI TRAIL
UNIT #103
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 20-1820901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLEY DC, JAN
3400 TAMIAMI TRL #103
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: WEN SHUN, KUO S
Address: POB 380758
City-St-Zip: MURDOCK, FL 33938

Title: VD ( ) Delete
Name: CHANDRAHASA, USHA
Address: 3400 TAMIAMI TRAIL #201
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VD ( ) Delete
Name: KUO, JOSE
Address: 3400 TAMIAMI TRAIL #104
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VD ( ) Delete
Name: KELLEY, D.C., JAN
Address: 3400 TAMIAMI TRAIL #103
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAN KELLEY DC VD 03/16/2009
Electronic Signature of Signing Officer or Director — Date