

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # N04000009174

1. Entity Name
MURRELL PROFESSIONAL PARK ASSOCIATION, INC.



Principal Place of Business
590 SOLUTIONS WAY
ROCKLEDGE, FL 32955

Mailing Address
590 SOLUTIONS WAY
ROCKLEDGE, FL 32955



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1964745

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROCKHOUSE, KEITH S
590 SOLUTIONS WAY
ROCKLEDGE, FL 32955

**DO NOT WRITE
IN THIS SPACE**

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME ROBINSON, LAWRENCE G
STREET ADDRESS 830 EXECUTIVE LANE
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE DV
NAME WILKINS, KAREN
STREET ADDRESS 836 EXECUTIVE LANE
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE DS
NAME KELLER, BARBARA
STREET ADDRESS 101 S COURTENAY PARKWAY
CITY-ST-ZIP MERRITT ISLAND, FL 32955

TITLE DT
NAME BROCKHOUSE, KEITH
STREET ADDRESS 590 SOLUTIONS WAY
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000866429
04/08/08-80028-015 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/08 321 631 7063