

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90004 024 ****61.25

DOCUMENT # N04641

1. Entity Name
MIDTOWN PROFESSIONAL CENTRE CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
6017 PINE RIDGE RD
113
NAPLES, FL 34119 US

Mailing Address
6017 PINE RIDGE RD
113
NAPLES, FL 34119 US

54064627



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07162004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DONALD, RALPH W
8071 LAGOON RD
FORT MYERS BEACH, FL 33931

7. Name and Address of New Registered Agent

Name
A. D'Ette Fortiner

Street Address (P.O. Box Number is Not Acceptable)

12811 Kenwood Lane, Suite 115

City
Fort Myers

FL

Zip Code
33907

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

A. D'Ette Fortiner

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

(NOTE: Registered Agent signature required when reinstating)

4/16/04

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DONALD, RALPH W
STREET ADDRESS 8071 LAGOON RD
CITY-ST-ZIP FORT MYERS BEACH, FL 33931 ☐ Delete

TITLE STD
NAME DONALD, SANFORD S
STREET ADDRESS 8071 LAGOON RD
CITY-ST-ZIP FORT MYERS BEACH, FL 33931 ☐ Delete

TITLE D
NAME DONALD, CHRISTIE
STREET ADDRESS 3132 SPALDING CT
CITY-ST-ZIP ATLANTA, GA 30328 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME Donald, Ralph W.
STREET ADDRESS 6001 Pelican Bay Blvd. #1205
CITY-ST-ZIP Naples, FL 34108 ☒ Change ☐ Addition

TITLE STD
NAME Bartholomew, Bruce
STREET ADDRESS 1560 Matthew Dr., Suite H
CITY-ST-ZIP Fort Myers, FL 33907 ☒ Change ☐ Addition

TITLE D
NAME Sicilia, Judy
STREET ADDRESS 1560 Matthew Dr., Suite F
CITY-ST-ZIP Fort Myers, FL 33907 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ralph W. Donald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04 239-598-4314

Date

Daytime Phone #