2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N04641 1. Entity Name MIDTOWN PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.					07-23-2004 90004 024 ****61.2				***61.25
Principal Place of Business 6017 PINE RIDGE RD 113 NAPLES, FL 34119 US		Mailing Address 6017 PINE RIDGE RD 113 NAPLES, FL 34119 US			 			10646	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07162004	Chg-NP	CR2E03	37 (10/03)	
City & State		City & State			4. FEI Number NOT API	PLICABLE			pplied For ot Applicable
Zìp	Country	Zìp	Country			f Status Desired		\$8.75 Add Fee Required	
	6.≅Name and Address of Current F	Registered Agent			7. Name and	Address of New F	Registered /	Agent	
DONALD, RALPH W				Name A. D'Ette Fortiner					
8071 LAGOON RD FORT MYERS BEACH, FL 33931			Stree	it Address (I	ddress (P.O. Box Number is Not Acceptable)				
;			128 City	Bll Ke		ne, Suite	115 FL	3'3'9'0'	9 7
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office			, in the State of Fl			- 1
SIGNATURE .	A. D'etter Jo	rtine					4/11/4 DATE	104	
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent sig	nature required	when reinstation)		DATE	/	
) file	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent sig	gnature required	when reinstating)		DATE	/	
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 ue by September 8, 2004	9. Election Camp Trust Fund Co	aign Financin		\$5.00 May Be Added to Fees	E 2	/lake checi	c payable to	
	Filing Fee is \$61.25 ue by September 8, 2004 OFFICERS AND DIR	9. Election Camp Trust Fund Co	aign Financin	⁹ □	\$5.00 May Be Added to Fees	E 2	/lake checi rida Depar	c payable to	late
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10. IITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 ue by September 8, 2004 OFFICERS AND DIR PD DONALD, RALPH W 8071 LAGOON RD FORT MYERS BEACH, FL 3393 STD DONALD, SANFORD S	9. Election Camp Trust Fund Co ECTORS	paign Financin- ntribution. 11. TITLE NAME STREET ADDRES CITY-ST-ZIP	PD Don 600 Nap STD	\$5.00 May Be Added to Fees ADDITIONS/CHA	NGES TO OFFICE oh W. n Bay Blv	Make checi rida Depar ERS AND DI	c payable to tment of Si RECTORS IN (X) Change	ate
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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.

CICNIATUDE.

signature and typed or printed name of signing officer or director

4/16/04 239-598-4314