

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N04641			
1. Entity Name MIDTOWN PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 12811 KENWOOD LN. SUITE 115 FORT MYERS FL 33907 US		Mailing Address 12811 KENWOOD LN. SUITE 115 FORT MYERS FL 33907 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 20-1373751		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FORTINER, A. D'ETTE 12811 KENWOOD LN. SUITE 115 FORT MYERS FL 33907		7. Name and Address of New Registered Agent
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		FL Zip Code

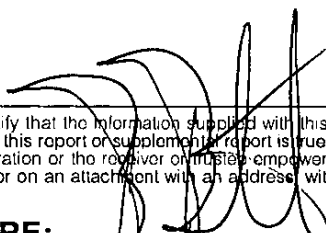
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CERWINSKY, EDWARD JR	NAME	
STREET ADDRESS	1560 MATTHEW DR., "I"	STREET ADDRESS	
CITY- ST- ZIP	FORT MYERS FL 33907	CITY- ST- ZIP	
TITLE	STD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BARTHOLOMEW, BRUCE	NAME	
STREET ADDRESS	1560 MATTHEW DR., SUITE H	STREET ADDRESS	
CITY- ST- ZIP	FORT MYERS FL 33907	CITY- ST- ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SICILLA, JUDY PHD, PSY	NAME	
STREET ADDRESS	1560 MATTHEW DR., "F"	STREET ADDRESS	
CITY- ST- ZIP	FORT MYERS FL 33907	CITY- ST- ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DARBY, JAMES	NAME	
STREET ADDRESS	1560 MATTHEW DR., "J"	STREET ADDRESS	
CITY- ST- ZIP	FORT MYERS FL 33907	CITY- ST- ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LYNN, DUSTIN	NAME	
STREET ADDRESS	1560 MATTHEW DR., "E"	STREET ADDRESS	
CITY- ST- ZIP	FORT MYERS FL 33907	CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Bruce Bartholomew 2/20/07 (239) 275-7799**