

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04641

FILED
Jan 21, 2009
Secretary of State

Entity Name: MIDTOWN PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

12811 KENWOOD LN.
SUITE 115
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

12811 KENWOOD LN.
SUITE 115
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 20-1373751 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FORTINER, A. D'ETTE
12811 KENWOOD LN.
SUITE 115
FORT MYERS, FL 33907 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: PD () Delete
Name: CERWINSKY, EDWARD JR
Address: 1560 MATTHEW DR.
City-St-Zip: FORT MYERS, FL 33907

Title: STD () Delete
Name: BARTHOLOMEW, BRUCE
Address: 1560 MATTHEW DR., SUITE H
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: SICILLA, JUDY PHD,PSY
Address: 1560 MATTHEW DR.,
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: DARBY, JAMES
Address: 1560 MATTHEW DR.,
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: DRIVE, MATTHEW LLC
Address: 1685 MENLO RD.
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CERWINSKY, EDWARD JR
Address: 1551 WOODWIND CT.
City-St-Zip: FORT MYERS, FL 33919

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: D (X) Change () Addition
Name: MATTHEW DRIVE, LLC,
Address: 1685 MENLO RD.
City-St-Zip: FORT MYERS, FL 33901

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: EDWARD CERWINSKY, JR.

P

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date