

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003258

FILED  
Apr 24, 2006  
Secretary of State

**Entity Name:** MURDOCK PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

25110 BERNWOOD DR - STE 101  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

25110 BERNWOOD DR  
SUITE 101  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

25110 BERNWOOD DR - STE 101  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

25110 BERNWOOD DR  
SUITE 101  
BONITA SPRINGS, FL 34135

**FEI Number:** 20-2617748

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SVOBODA, BRIT E  
25110 BERNWOOD DR - STE 101  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

SVOBODA, BRIT E  
25110 BERNWOOD DR  
SUITE 101  
BONITA SPRINGS, FL 34135 US

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:

04/24/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: SVOBODA, BRIT E  
Address: 25110 BERNWOOD DR - STE 101  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VPSD ( ) Delete  
Name: RASMUS, MARK K  
Address: 25110 BERNWOOD DR - STE 101  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete  
Name: CRAWFORD, WALTER  
Address: 25110 BERNWOOD DR - STE 101  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIT E SVOBODA

PTD

04/24/2006

Electronic Signature of Signing Officer or Director

Date