

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003258

FILED
Apr 25, 2008
Secretary of State

Entity Name: MURDOCK PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

17825 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 380758
MURDOCK, FL 33938 US

New Mailing Address:

FEI Number: 20-2617748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISHARD, KRISTINE
23081 HARBOR VIEW RD.
2ND FLOOR
PORT CHARLOTTE, FL 33980 US

Name and Address of New Registered Agent:

WISHARD, KRISTINE
1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983 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:

04/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIEGEL, GLENN
Address: 17825 MURDOCK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VPD () Delete
Name: MARTIN, KIMBER
Address: 17843 MURDOCK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: STD () Delete
Name: BRUNELLE, RONALD
Address: 17843 MURDOCK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D (X) Delete
Name: SELLY, CLAY
Address: 17833 MURDOCK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D (X) Delete
Name: HICKS, DON
Address: 17841 MURDOCK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: SELLEY, VALERIE
Address: 17833 MURDOCK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: PD (X) Change () Addition
Name: MARTIN, KIMBER
Address: 17843 MURDOCK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VPD (X) Change () Addition
Name: BRUNELLE, RONALD
Address: 17843 MURDOCK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

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 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: KIMBER MARTIN

PD

04/25/2008

Electronic Signature of Signing Officer or Director

Date