

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004845

FILED  
Jun 14, 2006  
Secretary of State

Entity Name: HARBOR PROFESSIONAL CENTRE IV CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O BAYSHORE LAND GROUP, INC.  
255 ALHAMBRA CIR STE 325  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

3410 TAMiami TRAIL  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

C/O BAYSHORE LAND GROUP, INC.  
255 ALHAMBRA CIR STE 325  
CORAL GABLES, FL 33134

**New Mailing Address:**

C/O G F BUSINESS SERVICES  
2421 SHREVE ST., STE 115  
PUNTA GORDA, FL 33950

FEI Number:  FEI Number Applied For (X)  FEI Number Not Applicable ( )  Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MACNAIR, CHRISTOPHER J  
C/O BAYSHORE LAND GROUP, INC.  
255 ALHAMBRA CIR STE 325  
CORAL GABLES, FL 33134 US

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

BENNETT, DOROTHY M  
2421 SHREVE ST  
STE 115  
PUNTA GORDA, FL 33950 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: DOROTHY M BENNETT

06/14/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  Delete  
Name: FERTIG, JAY  
Address: 255 ALHAMBRA CIR STE 325  
City-St-Zip: CORAL GABLES, FL 33134

Title: DVS  Delete  
Name: MACNAIR, CHRISTOPHER J  
Address: 255 ALBAMBRA CIR STE 325 INC.  
City-St-Zip: CORAL GABLES, FL 33134

Title: DV  Delete  
Name: GANT, STEVEN  
Address: 12653 SW COUNTY RD 769 STE A  
City-St-Zip: LAKE SUZY, FL 34239

Title:  Delete  
Name:  
Address:  
City-St-Zip:

Title:  Delete  
Name:  
Address:  
City-St-Zip:

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

Title: DT  Change  Addition  
Name: VAKIL, SAMIR DPM  
Address: 3406 TAMiami TRL  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DP  Change  Addition  
Name: BHAT, SALIGRAMA MD  
Address: 3410 TAMiami TRL STE 2  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DVP  Change  Addition  
Name: MENDEZ, ELVIN M MD  
Address: 3410 TAMiami TRL STE A1  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D  Change  Addition  
Name: KUMA, EBENEZER A MD  
Address: 3406 TAMiami TRL STE 2  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D  Change  Addition  
Name: MELSER, MARC MD  
Address: 3410 TAMiami TRL STE A4  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: SAMIR VAKIL DPM

DT

06/14/2006

Electronic Signature of Signing Officer or Director

Date