

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

04-30-2007 90446 021 ****61.25

DOCUMENT # N05000004845					
1. Entity Name HARBOR PROFESSIONAL CENTRE IV CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3410 TAMiami TRAIL PORT CHARLOTTE, FL 33952			Mailing Address C/O G F BUSINESS SERVICES 2421 SHREVE ST., STE 115 PUNTA GORDA, FL 33950		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suits, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02152007 Chg-NP CR2E037 (12/06)	
4. Filing Fee 120-3056391				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENNETT, DOROTHY M 2421 SHREVE ST STE 115 PUNTA GORDA, FL 33950			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 _____					
Filing Fee is \$81.25 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VAKIL, SAMIR DPM 3406 TAMiami TRL PORT CHARLOTTE, FL 33952	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BHAT, SALIGRAMA MD 3410 TAMiami TRL STE 2 PORT CHARLOTTE, FL 33952	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MENDEZ, ELVIN M MD 3410 TAMiami TRL STE A1 PORT CHARLOTTE, FL 33952	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUMA, EBENEZER A MD 3406 TAMiami TRL STE 2 PORT CHARLOTTE, FL 33952	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELSER, MARC MD 3410 TAMiami TRL STE A4 PORT CHARLOTTE, FL 33952	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>D Bennett RA/CAM</i>			4/25/07 941-639-1142		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					