

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004845

FILED
Apr 10, 2009
Secretary of State

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

Current Principal Place of Business:

3410 TAMiami TRAIL
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-3056391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, DOROTHY M
2421 SHREVE ST
STE 115
PUNTA GORDA, FL 33950 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: DT () Delete
Name: VAKIL, SAMIR DPM
Address: 3406 TAMiami TRL
City-St-Zip: PORT CHARLOTTE, FL 33952

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

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

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

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

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:

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: DOROTHY M. BENNETT

CAM

04/10/2009

Electronic Signature of Signing Officer or Director

Date