

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012494

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** MURDOCK CIRCLE COMMERCIAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

989 TAMIAMI TRAIL  
PORT CHARTLOTTE, FL 33953

**New Principal Place of Business:**

18350 MURDOCK CIR  
102  
PORT CHARTLOTTE, FL 33948

**Current Mailing Address:**

989 TAMIAMI TRAIL  
PORT CHARTLOTTE, FL 33953

**New Mailing Address:**

18350 MURDOCK CIR  
102  
PORT CHARTLOTTE, FL 33949

**FEI Number:** 20-8818683

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAHLE, GARY A  
99 NESBIT STREET  
PINTA GORDA, FL 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: VD ( ) Delete  
Name: DEGROSS, DEAN R  
Address: 411 EAGLE NEST CT.  
City-St-Zip: PORT CHARTLOTTE, FL 33948

Title: PD ( ) Delete  
Name: MUPPA VARAPU, RAJAKUMARI  
Address: P.O. BOX 494857  
City-St-Zip: PORT CHARTLOTTE, FL 33949

Title: STD ( ) Delete  
Name: BESHEARS, MARC  
Address: 1032 TAMIAMI TRAIL, SUITE #7  
City-St-Zip: PORT CHARTLOTTE, FL 33953

**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 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: RAJA MUPPAVARAPU

PD

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date