

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000012494

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

18350 MURDOCK CIR  
102  
PORT CHARTLOTTE, FL 33948

**New Principal Place of Business:**

**Current Mailing Address:**

18350 MURDOCK CIR  
102  
PORT CHARTLOTTE, FL 33949

**New Mailing Address:**

**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  
Name: DEGROSS, DEAN R  
Address: 411 EAGLE NEST CT.  
City-St-Zip: PORT CHARTLOTTE, FL 33948

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

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

I hereby 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 all other like empowered.

SIGNATURE: RAJAKUMARI MUPPAVARAPU

PD

01/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date