


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90087 006 ****61.25

DOCUMENT # N07000007770 1. Entity Name TOWN CENTER PROFESSIONAL OFFICE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948			Mailing Address 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 26-1341799					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MCKINLEY, MICHAEL R ESQ. 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D MCKINLEY, MICHAEL R <input checked="" type="checkbox"/> Delete 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McKinley, Michael R. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 18401 Murdock Circle, Unit C Port Charlotte, FL 33948	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ITTERSAGEN, SCOTT D <input checked="" type="checkbox"/> Delete 1861 PLACIDA RD. #204 ENGLEWOOD, FL 34223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert H. Berntsson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 18401 Murdock Circle, Unit C Port Charlotte, FL 33948	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNDERSON, MIKO P <input checked="" type="checkbox"/> Delete 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eric Nash <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 18401 Murdock Circle, Unit A Port Charlotte, FL 33948	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTSSON, ROBERT H <input checked="" type="checkbox"/> Delete 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Michael R. McKinley</u> 1/8/08 941-627-1000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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