

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR -1 PM 2:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N07370 (2)

1. Corporation Name

**PRISCILLA MURPHY CENTER CONDOMINIUM ASSOCIATION,
INC.**

Principal Place of Business

Mailing Address

**13831 VECTOR AVE
STE 105
FT MYERS FL 33907
US**

**13831 VECTOR AVE
STE 105
FT MYERS FL 33907
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/29/1985

3a. Date of Last Report
02/22/1994

4. FEI Number
59-2485009

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRISCILLA MURPHY REALTY, INC.
13831 VECTOR AVE
STE 105
FT MYERS FL 33907**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE PD
NAME HERMES, JUANITA
STREET ADDRESS 13831 VECTOR AVE, STE 105
CITY- ST- ZIP FT MYERS FL**

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP**

☐ Change ☐ Addition

**TITLE VD
NAME ARTALE, ALICE
STREET ADDRESS 1025 PERIWINKLE WAY
CITY- ST- ZIP SANIBEL FL**

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP**

☐ Change ☐ Addition

**TITLE TD
NAME ARTALE, JAMES
STREET ADDRESS 1025 PERIWINKLE WAY
CITY- ST- ZIP SANIBEL FL**

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP**

☐ Change ☐ Addition

**TITLE SD
NAME HERMES, JAMES
STREET ADDRESS 13831 VECTOR AVE, STE 105
CITY- ST- ZIP FT MYERS FL**

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP**

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Juanita H. Hermes
Juanita H. HERMES
SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR

2/22/95 813-482-8040
Date (Typed Name)