

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90119 017 \*\*\*\*61.25

**DOCUMENT # N07370**

1. Corporation Name

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

Principal Place of Business

13831 VECTOR AVE  
STE 105  
FT MYERS FL 33907  
US

Mailing Address

13831 VECTOR AVE  
STE 105  
FT MYERS FL 33907  
US



2. Principal Place of Business

21 1019-1025 PERIWINKLE WAY

Suite, Apt. #, etc.

22 City &amp; State

23 SANIBEL, FL

Zip

24 33957

Country

25 US

2a. Mailing Address

26 P. O. BOX 5

Suite, Apt. #, etc.

27 City &amp; State

28 SANIBEL, FL

Zip

29 33957

Country

30 US

3. Date Incorporated or Qualified

01/29/1985

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

9. Name and Address of Current Registered Agent

PRISCILLA MURPHY REALTY, INC.

~~13831 VECTOR AVE~~~~STE 105~~~~FT MYERS FL 33907~~

10. Name and Address of New Registered Agent

81 Name

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

1648 PERIWINKLE WAY

83

84 City  
SANIBEL

FL

85 Zip Code  
33957

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE PD ☒ DELETE

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

TITLE VD ☐ DELETE

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

TITLE TD ☐ DELETE

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

TITLE SD ☒ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ; SD ☐ Change ☒ Addition

1.2 NAME WILLIAMS, ALLEN C.  
1.3 STREET ADDRESS 13831 VECTOR AVE, STE 105  
1.4 CITY-ST-ZIP FT: MYERS, FL

2.1 TITLE P ☒ Change ☐ Addition

2.2 NAME ARTALE, ALICE  
2.3 STREET ADDRESS 1025 PERIWINKLE WAY  
2.4 CITY-ST-ZIP SANIBEL, FL  
(title change only)

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0050079