2000 UNIFORM BUSINESS REPORT (UBR)

2/26/00-90031-039-\$61.25-\$61.25

DOCU 1. Entity Name	MENT # N07370	•	,		1				
PRISCILLA MURPHY CENTER CONDOMINIUM ASSOCIATION			Ν,				LED		
Principal Place of Business Mailing Address			,		00 MAR 2				
1019-1025 PER SANIBEL FL 33 US		P O BOX 5 Sanibel Fl 33957-0005 US			1 (Gr en e)	SECRETA TALLAHAS	RY OF ST SSEE, FL	FATE ORIDA AURU AURU AUR	ILL ALEX LERL
•		3. Mailing Address							
Suite, Apt. #, etc.		13831 VECTOR AVENUE Suite, Apt. #. etc. Suite 105			,	DO NOT WR	ITE IN THIS S	PACE .	
City & State		City & State FT. MYERS. FL.			4. FEI Numbe	" 59-2485009			oplied For at Applicable
Zip	Country	Zip 33907	Country —US		5. Certificate	of Status Desired		8.75 Add ee.Require	
	6. Name and Address of Current				7. Name and	Address of New I	Registered A	gent	
			Name						
PRISCILLA MURPHY REALTY, INC. 1648 PERIWINKLE WAY			Street A	Street Address (P.O. Box Number is Not Acceptable)					
SANIBEL F					;				
			City				FL	Zip Cod	le
8. The above	named entity submits this statement to	r the purpose of changing its re	egistered office o	r registere	ed agent, or bot	h, in the state of Fl	lorida.		
									l
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signs:	ture required	when reinstating)	···	DATE		
SIGNATURE	Signature, typed or printed name of registered agent a FILE NOW: FEE IS \$61.25	9. Election Campaign F Trust Fund Contributi	Inancing	\$5.0	O May Be to Fees		o Check P		•
SIGNATURE	FILE NOW:	9. Election Campaign F Trust Fund Contributi	Inancing	\$5.00 Added	O May Be to Fees		e Check P	of State	
10. TITLE NAME STREET ADDRESS	FILE NOW: FEE IS \$61.25 OFFICERS AND DIF VPSD WILLIAMS, ALLEN C 13831 VECTOR AVE, STE 105	9. Election Campaign F Trust Fund Contributi	TI. TITLE NAME STREET ADDRESS	\$5.00 Added	O May Be to Fees DDITIONS/CH	ANGES TO OFFICE	ce Check Pepartment of ERS AND DIR	of State	
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12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:



ALLEN C. WILLTAMS

02/17/00 Date

(941)482-5112