

2000 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # N07370

1. Entity Name

PRISCILLA MURPHY CENTER CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

1019-1025 PERWINKLE WAY
SANIBEL FL 33957
US

P O BOX 5
SANIBEL FL 33957-0005
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

13831 VECTOR AVENUE

Suite 105

FT. MYERS, FL

33907

US

FILED

00 MAR 24 PM 2: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2485009

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRISCILLA MURPHY REALTY, INC.
1648 PERIWINKLE WAY
SANIBEL FL 33957

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
WILLIAMS, ALLEN C
13831 VECTOR AVE, STE 105
FT MYERS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
WILLIAMS, ALLEN C
13831 VECTOR AVE, STE 105
FT MYERS FL 33957 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ARTALE, ALICE
1025 PERIWINKLE WAY
SANIBEL FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CAROL SCHERZER
1025 PERIWINKLE WAY
SANIBEL FL 33957 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
JOHN HOWEY
1019 PERIWINKLE WAY
SANIBEL, FL 33957 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
SP

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 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:

Allen C. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLEN C. WILLIAMS 02/17/00 (941)482-5112

Date

Daytime Phone #