

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07370

1. Entity Name

PRISCILLA MURPHY CENTER CONDOMINIUM ASSOCIATION,

Principal Place of Business

1019-1025 PERWINKLE WAY
SANIBEL FL 33957
US

Mailing Address

13831 VECTOR AVENUE.. SUITE 105
FT MYERS FL 33907
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

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.

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
SD SCHERZER, CAROL 1025 PERIWINKLE WAY SANIBEL FL 33957 ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition
33907

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

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

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

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

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

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:

Signature Required

ALLEN C. WILLIAMS

03/01/2001

941-482-5112

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90471 050 ***61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)