

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90067 004 ****61.25

DOCUMENT # N07370

1. Entity Name

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



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	WILLIAMS, ALLEN C	
STREET ADDRESS	13831 VECTOR AVE., STE 105	
CITY-ST-ZIP	FT MYERS FL 33957	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SCHERZER, CAROL	
STREET ADDRESS	1025 PERIWINKLE WAY	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOWEY, JOHN	
STREET ADDRESS	1019 PERIWINKLE WAY	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPs	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Howey, John	
STREET ADDRESS	1019 Periwinkle Way	
CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Degwzer, Albert E.	
STREET ADDRESS	15871 North Circle	
CITY-ST-ZIP	Ft Myers, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Allen C Williams

Date

Daytime Phone #

02-10-05 239-482-5112