


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90235 029 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PTD			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, ALLEN C			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	13831 VECTOR AVE., STE 105			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	FT MYERS, FL 33957			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VPS			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWEY, JOHN			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1019 PERIWINKLE WAY			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	SANIBEL, FL 33957			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Allen C. Williams</u>				04-03-07 239-768-0435	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	