



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90351 043 ****61.25

DOCUMENT # N14625 1. Entity Name MARKET CIRCLE COMMERCIAL CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business % EUGENA GERMANA 2355 BREMEN COURT PUNTA GORDA, FL 33983			Mailing Address % EUGENA GERMANA 2355 BREMEN COURT PUNTA GORDA, FL 33983 US				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-2731128		Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04262006 Chg-NP CR2E037 (11/05)			
6. Name and Address of Current Registered Agent GERMANA, EUGENE 2355 BREMEN COURT PUNTA GORDA, FL 33983						7. Name and Address of New Registered Agent Name JOHN HOFFMASTER Street Address (P.O. Box Number is Not Acceptable) 1476 MARKET CIRCLE UNIT C PT CHARLOTTE FL 33953 City PORT CHARLOTTE FL Zip Code 33953	
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 JOHN HOFFMASTER <i>[Signature]</i> DATE April 26 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	TD GERMANA, EUGENE 2355 BREMEN COURT PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN HOFFMASTER, PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition POB 1468 NOBEL TERRACE PORT CHARLOTTE, FL 33952			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOFFMASTER, JOHN E JR. 1468 NOBEL TERRACE PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eugene Germana VP <input type="checkbox"/> Change <input type="checkbox"/> Addition 2355 BREMEN CT. PUNTA GORDA 33983			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GERMANA, DENISE 2355 BREMEN COURT PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition MIKE HILLEN 1476 MARKET CIRCLE UNIT C PT CHARLOTTE FL 33953			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERMANO, EUGENE 2355 BREMEN COURT PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee <input type="checkbox"/> Change <input type="checkbox"/> Addition JOHN HOFFMASTER 1468 NOBEL TERRACE PT CHARLOTTE FL 33952			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date April 26 2006 <small>Daytime Phone #</small>			