

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90024 034 ****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 - No P.O. Box #

3. Mailing Address

1476 MARKET CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT C

City & State

City & State

PORT CHARLOTTE, FL

Zip

Country

Zip

Country

33953

CHARLOTTE

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2731128

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

**HOFFMASTER, JOHN
1476 MARKET CIR
UNIT C
PORT CHARLOTTE FL 33953**

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	GERMANA, EUGENE	
STREET ADDRESS	2355 BREMEN COURT	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	PT	<input type="checkbox"/> Delete
NAME	HOFFMASTER, JOHN E JR.	
STREET ADDRESS	1468 NOBEL TERRACE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	S	<input type="checkbox"/> Delete
NAME	KLEIN, MICHAEL F	
STREET ADDRESS	146 MECCA STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

JOHN E. HOFFMASTER

1/30/08

941-255-1493