

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90090 047 \*\*\*\*61.25

<b>DOCUMENT # N45104</b> 1. Entity Name <b>MURDOCK PLAZA CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2414 TAMiami TRAIL PORT CHARLOTTE, FL 33952</b>				Mailing Address <b>2414 TAMiami TRAIL PORT CHARLOTTE, FL 33952</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country			
4. FEI Number <b>65-0288704</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BETTERTON, GREG A 981 RIDGEWOOD AVENUE SUITE 101 VENICE, FL 34292</b>				7. Name and Address of New Registered Agent Name <b>KOLTERMAN, PATRICIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1938 S. TAMiami TR</b> City <b>VENICE</b> FL <b>34293</b>	
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 <u><i>Patricia Kolterman</i></u> <span style="float: right;">3/28/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)</small> <span style="float: right;">DATE</span>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINKERTON, BRENT A 2414 TAMiami TRAIL PORT CHARLOTTE, FL	<input checked="" 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	VD DUNN, JOHN 2414 TAMiami TRAIL PORT CHARLOTTE, FL 33952	<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	SD KOLTERMAN, PATRICIA 2414 TAMiami TRAIL PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOLTERMAN, PATRICIA 2414 TAMiami TRAIL PORT CHARLOTTE, FL 33952 <input checked="" 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	D KALLNISCHKIEL, MANFRED 2414 TAMiami TRAIL PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Change <input checked="" 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	
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 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: <u><i>Patricia Kolterman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/28/05 941-624-5915 <small>Date Daytime Phone #</small>		