2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N45104

Entity Name: MURDOCK PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2414 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

2414 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

New Mailing Address:

2420 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

FEI Number: 65-0288704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOLTERMAN, PATRICIA
1938 S TAMIAMI TR
VENICE, FL 34293 US

Name and Address of New Registered Agent:

KALLNISCHKIES, MANFRED
3177 CLIFFORD STREET
PORT CHARLOTTE, FL 33980 US

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.

SIGNATURE: MANFRED KALLNISCHKIES 04/14/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KALLNISCHKIEL, MANFRED
Address: 2414 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP ( ) Delete
Name: DUNN, JOHN
Address: 2414 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TD (X) Delete
Name: KOLTERMAN, PATRICIA
Address: 2414 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KALLNISCHKIES, MANFRED
Address: 2414 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANFRED KALLNISCHKIES P 04/14/2009
Electronic Signature of Signing Officer or Director Date