## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ,

Secretary of State **DIVISION OF CORPORATIONS** 

## N95000004546 (6) **DOCUMENT #**

MURDOCK RETAIL CENTER ASSOCIATION, INC. Principal Place of Business Mailing Address 2001 S. BAYSHORE DRIVE 2601 S. BAYSHORE DRIVE 3. Date incorporated or Qualified SUITE 900 SUITE 900 09/22/1995 MIAMI FL 33133 MIAMI FL 33133 4. FEI Number Applied For Not Applicable 65-0648444 2. Principal Place of Business 2a. Mailing Address, \$8.75 Additional 5. Certificate of Status Desired 1530 Heitman St 1530 HeAman St Fee Required Suite, Apt. #, etc Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution City & State City & State 7. Is this nonprofit corporation a homeowners association? Fort myes Fort myers FI Yes Yes Zip 33401 Country Country 8. This corporation owes or has paid the current year intangible 33901 LCC Yes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** STOLPE, TOD Street Address (P.O. Box Number is Not Acceptable) 82 APPLE SOUTH, INC. 83 19010 MURDOCK CIRCLE **PORT CHARLOTTE FL 33948** 85 Zip Code 33901 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS DELETE TITLE 1.1 TITLE President Change Addition D TOD Stolpe MITCHELL, ALAN L 1.2 NAME NAME 19010 mur Dock Circle 1649 TAMIAMI TRAIL STREET ADDRESS 1.3 STREET ADDRESS PORT CHARLOTTE FL 33948 CITY-ST-ZIP 1.4 CITY-ST-ZIP

Part Charlotte F1 33948 Change S-DELETE TITI F VTD 21 TITLE VICE President MAME CALLIS, CARLETON 2.2 NAME Robert Forman D 2601 S. BAYSHORE DRIVE 2.3 STREET ADDRESS STREET ADDRESS 1663 Mouno St, Savasora, 17 34236 **MIAMI FL 33133** 2. 4 CITY - ST - ZIP CITY-ST-ZIP DAND L. ROLDING D Change Addition **S**VOFLETE 3.1 TITLE GOLDMAN, JOEL K NAME 3.2 NAME 1530 Heiman St, ET myers, 51 33901 2601 SOUTH BAYSHORE DRIVE STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5 2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY - ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** 

DAVID L. Rollins

2-5-98 941-339- 1341

**FILED** 

Mar 18 1998 8:00am

Secretary of State