2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
04 OCT 11 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004546

1. Entity Name
MURDOCK RETAIL CENTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1530 HEITMAN ST. ATTN: DAVID ROBBINS FT. MYERS, FL 33901 US	1530 HEITMAN ST. ATTN: DAVID ROBBINS FT. MYERS, FL 33901 US

2. Principal Place of Business	3. Mailing Address
1530 Heitman Street	One Metroplex Dr.
Suite, Apt. #, etc.: Attn: Jim Fudally	Suite, Apt. #, etc.: Suite 500
City & State: Ft. Myers, FL 33901	City & State: Birmingham, AL 35209
Zip: 33901 Country: USA	Zip: 35209 Country: USA

08262004 Chg-NP CR2E037 (10/03) 04

4. FEI Number: 65-0648444 ☐ 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
STOLPE, TOD APPLE SOUTH, INC. 19010 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948	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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by September 8, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STOLPE, TOD 19010 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FURMAN, ROBERT 1683 MOUND ST. SARASOTA, FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ROBBINS, DAVID L. 1530 HEITMAN STREET FT. MYERS, FL 33901	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Fudally, Jim 3301 NW 22 Terrace Bldg F Pompano Beach, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600041856036 10/13/04--01051--003 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 8/31/04 954-973-9120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #