# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 27, 2004**
**Secretary of State**

DOCUMENT# 744796

**Entity Name:** SARASOTA MEDICAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1950 ARLINGTON ST
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

200 S ORANGE AVE
C/O J. HUGH MIDDLEBROOKS
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number: 59-1944478** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLIPPEN, DENA
1700 S TAMIAMI TRAIL
C/O PROPERTY MANAGEMENT
SARASOTA, FL 34239 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: BEACHEY, DALE
Address: 1700 S TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: STD ( ) Delete
Name: LANE, NELSON
Address: 1700 S TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete
Name: FLIPPEN, DENA
Address: 1700 S TAMIAMI TRL
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: ROLPH, MICHAEL
Address: 1700 S TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

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 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 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: DENA FLIPPEN D 05/27/2004

Electronic Signature of Signing Officer or Director — Date