

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744796

FILED
Feb 22, 2006
Secretary of State

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:

ROLPH, MICHAEL
1700 S TAMIAMI TRAIL
C/O PROPERTY MANAGEMENT
SARASOTA, FL 34239 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: MICHAEL ROLPH

02/22/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROLPH, MICHAEL
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: D (X) Change () Addition
Name: TAYLOR, DEBORAH
Address: 1700 S TAMIAMI TRL
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBORAH TAYLOR

D

02/22/2006

Electronic Signature of Signing Officer or Director

Date