

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744796

**FILED**  
**Feb 27, 2007**  
**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:**

MIDDLEBROOKS, J. HUGH  
200 S. ORANGE AVENUE  
SARASOTA, FL 34236    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: HARRINGTON, MICHAEL  
Address: 1700 S TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

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

Title: SD      ( ) Delete  
Name: TAYLOR, DEBORAH  
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:      ( ) 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 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: MICHAEL HARRINGTON

PD

02/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date