

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90019 006 ****61.25

DOCUMENT # 759962 1. Entity Name COURTYARD SQUARE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 13701 BRUCE B. DOWNS BLVD. SUITE 111 TAMPA, FL 33613			Mailing Address 13701 BRUCE B. DOWNS BLVD. SUITE 111 TAMPA, FL 33613		
2. Principal Place of Business Suite, Apt. #, etc. Suite 101 City & State		3. Mailing Address Suite, Apt. #, etc. Suite 101 City & State		<div style="font-size: 24px; font-weight: bold;">54032845</div>	
Zip 		Country		03292004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2445555				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGANN, ALBERT MD 13701 BRUCE B. DOWNS BLVD. SUITE 111 TAMPA, FL 33613			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> 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	P MCGANN, ALBERT 13701 BRUCE B. DOWNS BLVD., #106 TAMPA, FL 33613	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MITCHELL, LEON 13701 BRUCE B. DOWNS BLVD. #113 TAMPA, FL 33613	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CANEDO, MARIO. 13701 BRUCE B. DOWNS BLVD. #101 TAMPA, FL 33613	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Mario Canedo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="font-size: 24px; font-weight: bold;">Mario Canedo</div>			<div style="font-size: 24px; font-weight: bold;">4-9-04 813-971-2600</div> <small>Date Daytime Phone #</small>		