

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759962

FILED  
Mar 21, 2006  
Secretary of State

**Entity Name:** COURTYARD SQUARE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

13701 BRUCE B. DOWNS BLVD.  
SUITE 101  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

13701 BRUCE B. DOWNS BLVD.  
SUITE 101  
TAMPA, FL 33613

**New Mailing Address:**

**FEI Number:** 59-2445555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCGANN, ALBERT MD  
13701 BRUCE B. DOWNS BLVD.  
SUITE 111  
TAMPA, FL 33613 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: P ( ) Delete  
Name: MCGANN, ALBERT  
Address: 13701 BRUCE B. DOWNS BLVD., #106  
City-St-Zip: TAMPA, FL 33613

Title: V ( ) Delete  
Name: MITCHELL, LEON  
Address: 13701 BRUCE B. DOWNS BLVD. #113  
City-St-Zip: TAMPA, FL 33613

Title: S ( ) Delete  
Name: CANEDO, MARIO  
Address: 13701 BRUCE B. DOWNS BLVD. #101  
City-St-Zip: TAMPA, FL 33613

**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: MARIO I. CANEDO

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03/21/2006

Electronic Signature of Signing Officer or Director

Date