
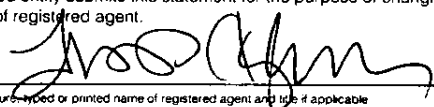
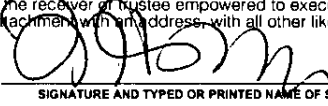


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90067 025 \*\*\*\*61.25

<b>DOCUMENT # 759962</b> 1. Entity Name <b>COURTYARD SQUARE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>13701 BRUCE B. DOWNS BLVD. SUITE 101 TAMPA, FL 33613</b>			Mailing Address <b>13701 BRUCE B. DOWNS BLVD. SUITE 101 TAMPA, FL 33613</b>		
2. Principal Place of Business - No P.O. Box # <b>13701 Bruce B. Downs Blvd.</b>		3. Mailing Address <b>13701 Bruce B. Downs Blvd.</b>			
Suite, Apt. #, etc. <b>Suite 110</b>		Suite, Apt. #, etc. <b>Suite 110</b>		03222007 Chg-NP CR2E037 (12/06)	
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>		4. FEI Number <b>59-2445555</b>	
Zip <b>33613</b>		Country <b>Hillsborough</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MCGANN, ALBERT MD 13701 BRUCE B. DOWNS BLVD. SUITE 111 TAMPA, FL 33613</b>				7. Name and Address of New Registered Agent Name <b>Tagliarini, Frank</b> Street Address (P.O. Box Number is Not Acceptable) <b>13701 Bruce B. Downs Blvd. #113</b> City <b>Tampa</b> FL Zip Code <b>33613</b>	
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>MCGANN, ALBERT</b> <b>13701 BRUCE B. DOWNS BLVD., #106</b> <b>TAMPA, FL 33613</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <b>Tagliarini, Frank</b> <b>13701 Bruce B. Downs Suite 113</b> <b>Tampa, FL 33613</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>MITCHELL, LEON</b> <b>13701 BRUCE B. DOWNS BLVD. #113</b> <b>TAMPA, FL 33613</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>CANEDO, MARIO</b> <b>13701 BRUCE B. DOWNS BLVD. #101</b> <b>TAMPA, FL 33613</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					