



2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000009003					
1. Entity Name SOUTH TAMPA MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3928 PREMIER NORTH DR TAMPA, FL 33618		Mailing Address 3928 PREMIER NORTH DR TAMPA, FL 33618			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		12022008 Chg-NP CR2E037 (12/06)	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
APPLETON, ERIC N 1801 HIGHLAND AVE. TAMPA, FL 33602				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when releasing.)</small>					
Amended AR is \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$6.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFKOWITZ, MORRIS		NAME	<i>Mor Lefkowitz</i>	
STREET ADDRESS	3928 PREMIER NORTH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSZ, JUDY		NAME	<i>Judy Grosz</i>	
STREET ADDRESS	3928 PREMIER NORTH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TRUSTEES SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHACHTER, ROBERT		NAME	<i>Robert Schachter</i>	
STREET ADDRESS	3928 PREMIER NORTH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	HUNTILU SWEILUNGEN	
STREET ADDRESS			STREET ADDRESS	3928 PREMIER NORTH DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA FL 33618	
TITLE	Director	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JUDITH TANZIL	
STREET ADDRESS			STREET ADDRESS	508 S HABANA AVE, STE 360	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	Director	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 another file empowered.					
SIGNATURE: <i>Judy Grosz</i>		Vice President		12/2/09 718-522-6500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	