


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000001282					
1. Entity Name BAPTIST SOUTH MEDICAL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 14546 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258			Mailing Address 14546 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH HULSEY & BUSEY 225 WATER STREET SUITE 1800 JACKSONVILLE, FL 32202			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILBANKS, JOHN F	NAME			
STREET ADDRESS	1325 SAN MARCO BOULEVARD SUITE 902	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DURKIN, CHRISTOPHER R	NAME			
STREET ADDRESS	1325 SAN MARCO BLVD SUITE 901	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUKASZEWSKI, MICHAEL	NAME			
STREET ADDRESS	800 PRUDENTIAL DRIVE	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREEN, A. HUGH	NAME			
STREET ADDRESS	1325 SAN MARCO BOULEVARD SUITE 902	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP			
TITLE	<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			
TITLE	<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 all other like empowered.					
SIGNATURE: <i>Chris Green</i>				Date: 904-202-5010 4/27/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	



04182007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2515616 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL Zip Code

0000075236 Change Addition
 05/21/07-80011-024 61.25