

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001282

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** BAPTIST SOUTH MEDICAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

14546 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

14546 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32258

**New Mailing Address:**

FEI Number: 20-2515616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRANGER, HARVEY  
841 PRUDENTIAL DRIVE  
SUITE 1802  
JACKSONVILLE, FL 32207 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: DP  
Name: WILBANKS, JOHN F  
Address: 841 PRUDENTIAL DRIVE, SUITE 1601  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD  
Name: DURKIN, CHRISTOPHER R  
Address: 841 PRUDENTIAL DRIVE, SUITE 1802  
City-St-Zip: JACKSONVILLE, FL 32207

Title: STD  
Name: LUKASZEWSKI, MICHAEL  
Address: 841 PRUDENTIAL DRIVE, SUITE 1802  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D  
Name: GREEN, A. HUGH  
Address: 841 PRUDENTIAL DRIVE, SUITE 1601  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: JOHN F. WILBANKS

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04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date