FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

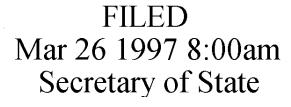
N05859

(6)

SOUTH SEMINOLE MEDICAL PLAZA CONDOMINIUM ASSOCIA TION, INC.

Principal Place of Business

Mailing Address





C/O PARK AVI MAITLAND FL US	E LEASING & MGMT. 32751	1620 N. COUNTRY RD. (LONGWOOD FL 32750 US	427			
		00			3. Date Incorporated or Qualified 10/25/1984	3a. Date of Last Report 04/25/1996
	lace of Business	2a. Mailing Address	- V. I. A. (- U0-7	4. FEI Number 59-2535735	Applied For
21 1632 N. COUNTY ROPO 437 Suite, Apt #, etc.		26 1632 N. COUNT RD 427 Suite, Apt. #, etc.			Not Applicab \$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required
City & State	В	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		This corporation has liability for Intangible tax under s. 199.032,	
24	25 9. Name and Address of Currer	29 29 Agent	30		Florida Statutes Yes No 10, Name and Address of New Registered Agent	
	9. Name and Address of Currel	nt Registered Agent	8	1 Name	10, Name and Address of New Ke	hatered Agent
PARK A	VE LEASING & MANAGEMENT,	INC	8	2 Street Addr	ess (P.O. Box Number is Not Acceptab	۸)
1620 N. COUNTRY ROAD 427 SUITE 120 LONGWOOD FL 32750 11. Pursuant to the provisions of Sections 617,0502 ar		L		and the post transport in the Acceptan	~,	
			8	3		
LUNGW	000 FL 32/30		8	4 City		FL 85 Zip Code
11. Pursuant i office or ri agent. La	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 617.1508, Florida Statu e of Florida. Such change was ations of, Section 617.0503, F	utes, the abo authorized forida Statut	ve-named corp by the corporat es.	poration submits this statement for the price of the price of directors. I hereby acception's board of directors.	rpose of changing its registere
SIGNATURE _	Signature typed or printed name of registered ag-	ant and title if applicable (NC	TF: Percetared A	neat signature securit	red when reinslating)	DATE
12.		ID DIRECTORS	13.	Sout eillustrois endou	ADDITIONS/CHANGES TO OFFIC	
TITLE	VD	☐ DELETE	1.1 TITLE			Change Addition
NAME	CLIMER, CLYDE DR.		1.2 NAM	E		
STREET ADDRESS	521 W STATE RD 434		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP TITLE	LONGWOOD FL PD	DELETE	1.4 CITY 2.1 TITLE			☐ Change ☐ Additi
NAME	RYAN, JOHN M	L DECENE	2.2 NAM			ריז פעומונע ריי אסטונו
STREET ADDRESS	521 W STATE RD 434			ET ADORESS	i.	
City-St-ZIP	LONGWOOD FL			- ST - ZIP	ь.	
TITLE	TD	DELETE	3.1 TITLE			☐ Change ☐ Additi
NAME	JANKAUSKAS, SAULIUS M		3.2 NAM	£		
STREET ADDRESS	521 W. STATE RD. 434		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	D. DEL ESE		-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	i		Change Additi
NAME PERFECT ADDRESS			4. 2 NAN			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY 5.1 TITLE			Change Additi
NAMÉ		the second secon	5.2 NAM			- Same Coloring Spine Fidelity
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		☐ DELETE	6.1 TrTLI			Change Additi
NAME			6.2 NAM	E		
STHEET ADDRESS			6.3 STRE	ET ADDRESS	•	
CITY-ST-ZIP	ay partiful that the information are the	of with this filing does not a ve	6.4 CITY		t in Section 110 07/2\(ii) Florida Statuto	I for where postify that the

I modely secure may meet the information supplied with this lining does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an anachment with a paddress.