

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90351 040 ****61.25

DOCUMENT # N05859

1. Entity Name
**SOUTH SEMINOLE MEDICAL PLAZA CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**521 W. STATE ROAD 434
LONGWOOD, FL 32750 US**

Mailing Address
**P O BOX 522376
LONGWOOD, FL 32752 US**

50040761



04112005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2535735

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

**NORRIS, THOMAS A DPM
521 W. STATE ROAD 434, STE 300
LONGWOOD, FL 32750**

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IN THIS SPACE**

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 *Tom A. Norris*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *09/12/05*

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
RYAN, JOHN F. M.D.
521 W. STATE ROAD 434, SUITE 308
LONGWOOD, FL 32750**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WIESE, JON MD
521 W STATE RD 434, STE 305
LONGWOOD, FL 32750**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
NORRIS, THOMAS
521 W STATE RD 434 STE 300
LONGWOOD, FL 32750**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #