

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90463 046 \*\*\*\*61.25

0075389

**DOCUMENT # N10987**

1. Entity Name

**MIDTOWN OFFICE PARK CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

**301 NORTH CATTLEMEN ROAD, SUITE 101  
 SARASOTA FL 34232**

Mailing Address

**301 NORTH CATTLEMEN ROAD, SUITE 101  
 SARASOTA FL 34232**

2. Principal Place of Business

**401 N.-Cattlemen Road  
 Suite #100  
 Sarasota, FL 34232**

3. Mailing Address

**401 N. Cattlemen Road  
 Suite #100  
 Sarasota, FL 34232**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2694847**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MESHAD, JOHN W  
 1900 RINGLING BLVD  
 SARASOTA FL 33577**

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE	NAME	TITLE	NAME
PD	SOUSSOU, ISSAM D. 1219 EAST AVE S. 308 SARASOTA FL		
VPD	ZAMORA, DR. I 1219 S EAST AVE #310 SARASOTA FL		
STD	YUNGST, DR. P 1219 S EAST AVE #102 SARASOTA FL		Charles Koewe, MO 1217 S. East Ave #301 Sarasota FL 34239

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: [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-342-  
 03-07-01 1754  
 Date Daytime Phone #

CR2E037 (10/00)