

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 15, 2008  
Secretary of State**

DOCUMENT# N10987

Entity Name: MIDTOWN OFFICE PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

401 NORTH CATTLEMEN ROAD, SUITE 100  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

401 NORTH CATTLEMEN ROAD, SUITE 100  
SARASOTA, FL 34232

**New Mailing Address:**

FEI Number: 59-2694847      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MESHAD, JOHN W  
401 NORTH CATTLEMEN ROAD  
SUITE 100  
SARASOTA, FL 34232 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: PD ( ) Delete  
Name: MESHAD, GAVIN W  
Address: 401 N. CATTLEMEN RD #100  
City-St-Zip: SARASOTA, FL 34232

Title: VPD ( ) Delete  
Name: ZAMORA, DR. I  
Address: 1219 S EAST AVE #310  
City-St-Zip: SARASOTA, FL

Title: STD ( ) Delete  
Name: COATS, MARION MD  
Address: 1219 S EAST AVE #210  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GAVIN W. MESHAD

PD

01/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date