

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N10987

FILED
Apr 08, 2003
Secretary of State

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
1900 RINGLING BLVD
SARASOTA, FL 33577 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: SOUSSOU, ISSAM D.,
Address: 1219 EAST AVE S. 308
City-St-Zip: SARASOTA, FL

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

Title: STD () Delete
Name: LOEWE, CHARLES MD
Address: 1217 S EAST AVE #301
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: STD (X) Change () Addition
Name: COATS, MARION MD
Address: 1219 S EAST AVE #210
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN W. MESHAD

AGEN

04/08/2003

Electronic Signature of Signing Officer or Director

_____ Date