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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

SIGNATURE:

## DOCUMENT # N9300004082 (4)

REID MEDICAL BUILDING CONDOMINIUM ASSOCIATION, I

NC.							
Principal Place of Business Mailing Address					I (401) (78) 470 (40) (1) (1) 801() 841() 81	iide obidi doni digid toich	i (0.119 1191 1891
		1325 SAN MARCO BLVD					
SUITE 901 SUITE 901  JACKSONVILLE FL 32207 JACKSON		SUITE 901 JACKSONVILLE FL 32207-	Q54Q				
PACKSONFILLE	T L GZZQI	MONOCHVILLE IL SEZON	10,49		3. Date Incorporated or Qualified 09/07/1993	3a. Date of Last 08/05/19	Report
2. Principal F	Place of Business	2a. Mailing Address					
21 26		<u> </u>			4. FEI Number 59-3217319	<del>   -</del>	Applied For Not Applicable
		Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	<del></del>	Additional
22 27					5. Certificate of Status Desired Fee Required		
City & Stat	te	City & State			6. Election Campaign Financing		O May Be
Zip	Country	28 Zip	Count	n/	Trust Fund Contribution		d to Fees
24	25	29	30	'7	8. This corporation has liability for in	ntangible tax under ] Yes                   No	s. 199.032,
	9. Name and Address of Cure		1001		10. Name and Address of New Re		
			8	1 Name			
SMITH HULSEY & BUSEY			B	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
225 WATER STREET							
SUITE 1800			8	3			
JACKSU	INVILLE FL 32202		8	4 City		85 Zip	p Code
11 Purcuant	to the provisions of Sections 617.0	SAC and 617 1509 Florida State	uten the ebo	L Domod so	rporation submits this statement for the p	FL " "	
office or i	registered agent, or both, in the Sta	ate of Florida. Such change was	s authorized I	by the corpora	ation's board of directors. I hereby accep	urpose or changing it the appointment a	, its registered as registered
-	am familiar with, and accept the ob	ligations of, Section 617.0503, F	riorida Statuti	es.			
SIGNATURE	Signature, typed or printed name of registered	agent and tille if applicable. (NC	OTE: Registered A	gent signature req	uired when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	THOMPSON, CAROL C 1325 SAN MARCO BLVD SUITE 901		1.2 NAM	E			
STREET ADDRESS	JACKSONVILLE FL 32207	UITE 901		et address			
CITY-ST-ZIP TITLE	VD	DELETE	1.4 CITY-			Change	Addition
NAME	PARRETT, DONALD O		2.2 NAMI	i i	·	Change	, LI AUGINION
STREET ADDRESS		JITE 901		ET ADDRESS			
CITY-S1-ZIP	JACKSONVILLE FL 32207		2. 4 CITY				
TITLE	STD	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	PERRY, KENNETH C		3.2 NAM	E			
STREET ADDRESS	1325 SAN MARCO BLVD SI	JITE 901	3.3 STAE	et address			
CITY-ST-ZIP	JACKSONVILLE FL 32207		3.4. CITY				
TITLE	AST DEBECCA P	L_) DELETE	4.1 TITLE			L Change	Addition
NAME STREET ADDRESS	JACKSON, REBECCA B 1325 SAN MARCO BLVD SI	IITE 001	4. 2 NAM				
CITY-ST-ZIP	JACKSONVILLE FL	AII		ET ADDRESS			
TITLE	TOTOVITIENE I E	☐ DELETE	4.4 CITY			☐ Change	Addition
NAME			5.2 NAMI				7 10 2 11011
STREET ADDRESS			5.3 STRE	et address			
CITY-ST-ZIP			5.4 CITY	- ST - ZIP			
TIFLE		☐ DELETE	6.1 TITLE	- , - <u>-                               </u>		☐ Change	Addition
NAME			6.2 NAMI	<u> </u>			
STREET ADDRESS			6.3 STAE	et address			
City-St-ZiP	burnasif shat the left-	Radiode data follows	6.4 CITY				
intermatic	on indicated on this annual report o	ar sunmiemental annual renort le	trivo and aci	curata and thi	ed in Section 119.07(3)(i), Florida Statutes at my signature shall have the same lega	I affect on if made u	endor noth, the
i am an c appears i	in Block 12 or Block 13 if changed	or the receiver or trustee empo , or on an attactiment with an ed	owered to exe Orress.	ocute this rep	ort as required by Chapter 617, Florida S	tatutes; and that my	/ name