## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 19 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000004082 (4)

REID MEDICAL BUILDING CONDOMINIUM ASSOCIATION, I NC.

| NC.                                                                                                                                                                                                                                                                                                                                                               |                                                  |                     |                                                                             |                |          |                    |                                                              |                                                                                                     |                  |                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------|-----------------------------------------------------------------------------|----------------|----------|--------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------|-----------------------------------|--|
| Principal Place of Business                                                                                                                                                                                                                                                                                                                                       |                                                  | Maili               | Malling Address                                                             |                |          |                    |                                                              | L IEGINIDI DID 1810E NIKI DENI DENI EGIN BENI BE                                                    |                  | 184 10110 HUL 1001                |  |
| C/O WILLIAM C. MASON<br>1301 RIVERPLACE BLVD #1700<br>JACKSONVILLE FL 32207<br>US                                                                                                                                                                                                                                                                                 |                                                  | 1301<br>JACK        | G/O WILLIAM C. MASON<br>1301 RIVERPLACE BLVD #1700<br>JACKSONVILLE FL 32207 |                |          | -                  | 3. Date Incorporated or Qualified  09/07/1993  4. FEI Number |                                                                                                     | Applied For      |                                   |  |
| 03                                                                                                                                                                                                                                                                                                                                                                | _                                                | US                  |                                                                             |                |          |                    |                                                              | 59-3217319                                                                                          |                  | Not Applicable                    |  |
| 2. Principal F                                                                                                                                                                                                                                                                                                                                                    | Place of Business                                | 2a. M               | 2a, Mailing Address<br>26                                                   |                |          |                    |                                                              | 5. Certificate of Status Desired                                                                    |                  | 5 Additional<br>Required          |  |
| Suite, Apt.                                                                                                                                                                                                                                                                                                                                                       | #, etc.                                          | <del>       </del>  | Suite, Apt. #, etc.                                                         |                |          |                    |                                                              | Election Campaign Financing     Trust Fund Contribution                                             | \$5.0            | 0 May Be                          |  |
| City & Stat                                                                                                                                                                                                                                                                                                                                                       | ee =                                             |                     | City & State                                                                |                |          |                    |                                                              | 7. Is this nonprofit corporation a homeow                                                           |                  | d to Fees                         |  |
| 23                                                                                                                                                                                                                                                                                                                                                                |                                                  | 28                  |                                                                             |                |          |                    |                                                              | ☐ Yes 💆 ALo                                                                                         |                  |                                   |  |
| Zip<br>24                                                                                                                                                                                                                                                                                                                                                         | Country                                          | <b>├</b> ──         | <del></del>                                                                 |                |          | Country            |                                                              | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. |                  |                                   |  |
| 24                                                                                                                                                                                                                                                                                                                                                                | 25 9. Name and Address of Currer                 |                     | 29<br>Registered Agent                                                      |                | 30       |                    |                                                              | Personal Property Tax due June 30.  10. Name and Address of New Registere                           |                  | LAND                              |  |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                             |                                                  | <u>-</u>            |                                                                             |                | B1       | Name               |                                                              |                                                                                                     |                  |                                   |  |
| HARVEY GRANGER                                                                                                                                                                                                                                                                                                                                                    |                                                  |                     |                                                                             |                | 82       | Street             | Address                                                      | s (P.O. Box Number is Not Acceptable)                                                               |                  |                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                   | LLIAM C. MASON<br>VERPLACE BLVD #1700            |                     |                                                                             | -              | 83       |                    | -                                                            |                                                                                                     | <del></del> ·    |                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                   | ONVILLE FL 32207                                 |                     |                                                                             | Ļ              | $\sqcup$ | 0:6                |                                                              |                                                                                                     | " lan! #         |                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                     |                                                                             |                | 84       | City               |                                                              | F                                                                                                   |                  | ip Code                           |  |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered |                                                  |                     |                                                                             |                |          |                    |                                                              |                                                                                                     |                  | g its registered<br>as registered |  |
| agent. La                                                                                                                                                                                                                                                                                                                                                         | im familiar with, and accept the obl             | igations of, S      | ection 617.0503, Fi                                                         | lorida Statu   | tes      | . '                | •                                                            | ,                                                                                                   |                  |                                   |  |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                         | Signature, typod or printed name of registered a | gent and title if a | oplicable (NO                                                               | TE: Registered | Ager     | nt signature       | e required w                                                 | when reinstating) DATE                                                                              |                  | <del></del>                       |  |
| 12.                                                                                                                                                                                                                                                                                                                                                               | OFFICERS A                                       |                     |                                                                             | 13.            | <u> </u> |                    |                                                              | ADDITIONS/CHANGES TO OFFICERS A                                                                     |                  | ORS IN 12                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                             | PD                                               |                     | ☐ DELETE                                                                    | 1.1 TITE       | .E       | •                  |                                                              |                                                                                                     | Chang            | e Addition                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                              | THOMPSON, CAROL C                                |                     | 1.2 N                                                                       |                |          |                    |                                                              |                                                                                                     |                  |                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                    | 1301 RIVERPLACE BLVD., S                         | TE 1700             | £ <b>1700</b>                                                               |                |          | 1.3 STREET ADDRESS |                                                              |                                                                                                     |                  |                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                       | JACKSONVILLE FL 32207                            |                     |                                                                             | 1.4 CiTY       | (- \$1   | I - ZIP            |                                                              |                                                                                                     |                  |                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                             | DV                                               |                     | ☐ DELETE                                                                    | 2.1 T/TL       | £        |                    |                                                              |                                                                                                     | ☐ Chang          | e 🔲 Addition                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                              | PARRETT, DONALD O                                |                     |                                                                             |                |          | 2.2 NAME           |                                                              |                                                                                                     |                  |                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                    | 1325 SAN MARCO BLVD SI                           | JITE 901            | E 901                                                                       |                |          | 2.3 STREET ADDRESS |                                                              |                                                                                                     |                  |                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                       | JACKSONVILLE FL 32207                            |                     |                                                                             | 2. 4 CIT       |          | T-ZIP              |                                                              |                                                                                                     |                  |                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                             | STD                                              |                     | ☐ DELETE                                                                    | 3.1 TITL       | E        |                    |                                                              |                                                                                                     | L Chang          | e 🛄 Addition                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                              | PERRY, KENNETH C                                 |                     |                                                                             | 3.2 NAN        | AE.      |                    |                                                              |                                                                                                     |                  |                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                    | 1325 SAN MARCO BLVD SI                           | JIIE 901            |                                                                             | 3.3 STR        | EET /    | ADDRESS            |                                                              |                                                                                                     |                  |                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                       | JACKSONVILLE FL 32207                            |                     | - Danies                                                                    | 3.4. CIT       |          | T-ZIP              |                                                              |                                                                                                     |                  |                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                             | 1301                                             |                     | ☐ DELETE                                                                    | 4.1 TITL       |          |                    | A57                                                          | r                                                                                                   | <b>≥</b> 4.Chang | e 🛄 Addition                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                              | JACKSON, REBECCA B                               | TF 4300             |                                                                             | 4. 2 NAI       |          |                    |                                                              |                                                                                                     |                  |                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                    | 1301 RIVERPLACE BLVD., S                         | IE 1/00             |                                                                             |                |          | ADDRESS            | ]                                                            |                                                                                                     |                  |                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                       | JACKSONVILLE FL 32207                            | <del></del>         | DELETE                                                                      | 4.4 CITY       |          | - ZIP              | <del> </del>                                                 |                                                                                                     | חות.             | A July -                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                             |                                                  |                     | - DELETE                                                                    | 5.1 TITE       |          |                    | 1                                                            |                                                                                                     | ☐ Chang          | e 🔲 Addition                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                              |                                                  |                     |                                                                             | 5.2 NAN        |          |                    |                                                              |                                                                                                     |                  |                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                    |                                                  |                     |                                                                             | 1              |          | ADDRESS            |                                                              |                                                                                                     |                  | i                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                       |                                                  |                     | ☐ DELETE                                                                    | 5.4 CITY       |          | - ZIP              | <del> </del>                                                 |                                                                                                     | AL               | 4 2010/2-                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                             |                                                  |                     |                                                                             | 6.1 TITL       |          |                    |                                                              |                                                                                                     | ☐ Chang          | e 🔲 Addition                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                              |                                                  | 6.2 NAN             |                                                                             |                |          |                    |                                                              | ĺ                                                                                                   |                  |                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                    |                                                  |                     |                                                                             | 6.3 STR        | EET /    | ADDRESS            | 1                                                            |                                                                                                     |                  |                                   |  |

Thereby 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 annual report or suppliemental annual 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 correction or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY - ST - ZIP