

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N00253

1. Entity Name
**4710 MEDICAL ARTS CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**4710 N. HABANA AVE.
TAMPA, FL 33614**

Mailing Address
**4710 N. HABANA AVE.
TAMPA, FL 33614**



01272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2388081

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DYKES, WALTER
4710 N. HABANA AVE
TAMPA, FL 33614**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME HOLLEY, BYRON
STREET ADDRESS 4710 N HABANA AVE #100
CITY-ST-ZIP TAMPA, FL 33614

TITLE PD
NAME MASTANDREA, FRANK G
STREET ADDRESS 4710 N HABANA AVE #400
CITY-ST-ZIP TAMPA, FL 33614

TITLE SD
NAME GRECO OD, JAMES L
STREET ADDRESS 4710 N HABANA AVE #204
CITY-ST-ZIP TAMPA, FL 33614

TITLE VD
NAME ZIMMER, SUSAN
STREET ADDRESS 4710 N HABANN AVE
CITY-ST-ZIP TAMPA, FL 33614

TITLE D
NAME WALTER, DYKES
STREET ADDRESS 4710 N HABANN AVE 101
CITY-ST-ZIP TAMPA, FL 33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000211809
02/02/05-80134-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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 _____

FRANK MASTANDREA MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____