2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N00253

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

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

DO NOT WRITE IN THIS SPACE

03242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2386081

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$6.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2006

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	

U00000490228
04/18/06-80068-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 G. MASTANDREA MD 3-31-06 813-690-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #