

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State

02-29-2008 90028 034 ****61.25

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		Country	
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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when retreating)		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLEY, BYRON 4710 N HABANA AVE #100 TAMPA, FL 33614	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr Jose R Foradoda III President 4710 N. Habana Ave #307, Tampa FL 33614	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASTANDREA, FRANK G 4710 N HABANA AVE #400 TAMPA, FL 33614	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MASTANDREA, FRANK G 4710 N. Habana Ave #400 Tampa FL 33614	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRECO OD, JAMES L 4710 N HABANA AVE #204 TAMPA, FL 33614	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Arthur Redregal Director 4710 N. Habana Ave #303 Tampa FL 33614	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZIMMER, SUSAN 4710 N HABANN AVE TAMPA, FL 33614	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER, DYKES 4710 N HABANN AVE 101 TAMPA, FL 33614	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Jose R. Foradoda III</u> 04/04/08 (813) 874-2000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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