

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00253

FILED
Jan 08, 2009
Secretary of State

Entity Name: 4710 MEDICAL ARTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4710 N. HABANA AVE.
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4710 N. HABANA AVE.
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-2388081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FORADADA, JOSE R DR
Address: 4710 N. HABANA AVE # 307
City-St-Zip: TAMPA, FL 33614

Title: PD () Delete
Name: MASTANDREA, FRANK G
Address: 4710 N HABANA AVE #400
City-St-Zip: TAMPA, FL 33614

Title: SD () Delete
Name: GRECO OD, JAMES L
Address: 4710 N HABANA AVE #204
City-St-Zip: TAMPA, FL 33614

Title: VD () Delete
Name: ZIMMER, SUSAN
Address: 4710 N HABANN AVE
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: WALTER, DYKES
Address: 4710 N HABANN AVE 101
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: MASTANDREA, FRANK G
Address: 4710 N. HABANA AVE # 400
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER ANGELO

PM

01/08/2009

Electronic Signature of Signing Officer or Director

Date