# Entity Name: COURTYARD SQUARE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

13701 BRUCE B. DOWNS BLVD. SUITE 103 TAMPA, FL 33613

**DOCUMENT# 759962** 

# **Current Mailing Address:**

13701 BRUCE B. DOWNS BLVD. SUITE 103 TAMPA, FL 33613 US

## FEI Number: 59-2445555

#### Name and Address of Current Registered Agent:

LINDE, HAROLD PSY. D. 13701 BRUCE B. DOWNS BLVD. SUITE 103 TAMPA, FL 33613 US Certificate of Status Desired: No

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

# Officer/Director Detail :

City-State-Zip: TAMPA FL 33613

Title	V	Title	S
Name	SCHULAK, DAVID J DR.	Name	CANEDO, MARIO DR.
Address	13701 BRUCE B. DOWNS BLVD. SUITE 115	Address	13701 BRUCE B. DOWNS BLVD. SUITE 101
City-State-Zip	: TAMPA FL 33613	City-State-Zip:	TAMPA FL 33613
Title	Ρ		
Name	LINDE, HAROLD PSY. D.		
Address	13701 BRUCE B. DOWNS BLVD. SUITE 103		

I hereby 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 all other like empowered.

# SIGNATURE: LINDE , HAROLD , PSY. D.

PRESIDENT

Date

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 26, 2020 Secretary of State 8803252649CC