

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764713

**Entity Name:** THE DOCTORS' COURTYARD CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 23, 2019**  
**Secretary of State**  
**8458340167CC**

**Current Principal Place of Business:**

5106 NORTH ARMENIA AVE  
SUITE 5  
TAMPA, FL 33603

**Current Mailing Address:**

5106 NORTH ARMENIA AVE  
SUITE 5  
TAMPA, FL 33603 US

**FEI Number: 59-2255869**

**Certificate of Status Desired: No**

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

GUNDERMAN, ANN  
5106 N ARMENIA AVENUE  
SUITE 1  
TAMPA, FL 33603 US

*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:** ANN GUNDERMAN

**04/23/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title STD  
Name GUNDERMAN, J RICHARD  
Address 5106 N ARMENIA AVE SUITE 5  
City-State-Zip: TAMPA FL 33603

Title PD  
Name GUNDERMAN, JOHN R DR.  
Address 5106 NORTH ARMENIA AVE  
SUITE 5  
City-State-Zip: TAMPA FL 33603

Title TD  
Name GUNDERMAN, ANN  
Address 5106 N ARMENIA AVE SUITE 1  
City-State-Zip: TAMPA FL 33603

*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:** ANN GUNDERMAN

**TREASURER**

**04/23/2019**

Electronic Signature of Signing Officer/Director Detail

Date