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: PANDYA, MALTI

Electronic Signature of Signing Officer/Director Detail

ACCOUNTANT

# Entity Name: THE DOCTORS' COURTYARD CONDOMINIUM ASSOCIATION,

#### **Current Principal Place of Business:**

5106 NORTH ARMENIA AVE SUITE 3 TAMPA, FL 33603

INC.

# **Current Mailing Address:**

**5106 NORTH ARMENIA AVE** SUITE 3 TAMPA, FL 33603 US

#### FEI Number: 59-2255869

## Name and Address of Current Registered Agent:

PANDYA, MALTI **5106 N ARMENIA AVENUE** SUITE 3 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	E: MALTI PANDYA			02/10/2024			
	Electronic Signature of Registered Agent			Date			
Officer/Director Detail :							
Title	PRESIDENT	Title	VP				
Name	PRO, MIGUEL DR.	Name	BAPNA, CHANDRA DR.				
Address	5106 NORTH ARMENIA AVE SUITE 3	Address	5106 NORTH ARMENIA AVE SUITE 3				
City-State-Zip:	TAMPA FL 33603	City-State-Zip:	TAMPA FL 33603				
Title	TREASURER	Title	SECRETARY				
Name	PANDYA, MALTI	Name	TALAKKOTTUR, LAURA				
Address	5106 NORTH ARMENIA AVE SUITE 3	Address	5106 NORTH ARMENIA AVE SUITE 3				
City-State-Zip:	TAMPA FL 33603	City-State-Zip:	TAMPA FL 33603				

Certificate of Status Desired: No

## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# 764713

# FILED Feb 10, 2024 Secretary of State 5664522626CC