

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00253

Entity Name: 4710 MEDICAL ARTS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4710 N. HABANA AVE.
TAMPA, FL 33614**Current Mailing Address:**4710 N. HABANA AVE.
TAMPA, FL 33614**FEI Number:** 59-2388081**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DYKES, WALTER
4710 N. HABANA AVE
TAMPA, FL 33614 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

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

Title	VD
Name	PEDREGAL MD, ARTHUR J
Address	4710 N HABANA AVE
City-State-Zip:	TAMPA FL 33614

Title	D
Name	WALTER, DYKES
Address	4710 N HABANN AVE 101
City-State-Zip:	TAMPA FL 33614

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

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: FRANK MASTANDREA

PD

04/30/2013

Electronic Signature of Signing Officer/Director Detail_____
Date