

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009003

**Entity Name:** SOUTH TAMPA MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 13, 2015**  
**Secretary of State**  
**CC9034271985**

**Current Principal Place of Business:**

14499 N. DALE MABRY HWY., SUITE 200  
TAMPA, FL 33618

**Current Mailing Address:**

14499 N. DALE MABRY., SUITE 200  
TAMPA, FL 33618 US

**FEI Number: 11-3733557**

**Certificate of Status Desired: Yes**

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

APPLETON, ERIC N  
1801 HIGHLAND AVE.  
TAMPA, FL 33602 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 P  
Name GROSZ, JUDY  
Address 14499 N. DALE MABRY HWY., SUITE 200  
City-State-Zip: TAMPA FL 33618

Title V  
Name TAWIL, JUDITH  
Address 508 S. HABANA AVE.SUITE 360  
City-State-Zip: TAMPA FL 33609

Title ST  
Name LEFKOWITZ, MORRIS  
Address 14499 N. DALE MABRY HWY., SUITE 200  
City-State-Zip: TAMPA FL 33618

Title D  
Name TURROW, SUSAN  
Address 508 S. HABANA AVE., SUITE 200  
City-State-Zip: TAMPA FL 33609

*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: MORRIS LEFKOWITZ**

**PD**

**04/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date