

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009003

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

FILED
Apr 03, 2019
Secretary of State
3204234090CC

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
501 E. KENNEDY BLVD
C/O APPLETON, REISS & SKOREWICZ, PLLC 802
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 ST
Name LEFKOWITZ, MORRIS
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 D
Name TUROW, 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

ST

04/03/2019

Electronic Signature of Signing Officer/Director Detail

Date