

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001282

**Entity Name:** BAPTIST SOUTH MEDICAL CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC0895350474**

**Current Principal Place of Business:**

14546 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

14546 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32258

**FEI Number: 20-2515616**

**Certificate of Status Desired: No**

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

GRANGER, HARVEY  
841 PRUDENTIAL DRIVE  
SUITE 1802  
JACKSONVILLE, FL 32207 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 DP  
Name WILBANKS, JOHN F  
Address 841 PRUDENTIAL DRIVE, SUITE 1601  
City-State-Zip: JACKSONVILLE FL 32207

Title VD  
Name DURKIN, CHRISTOPHER R  
Address 841 PRUDENTIAL DRIVE, SUITE 1802  
City-State-Zip: JACKSONVILLE FL 32207

Title STD  
Name WOOTEN, SCOTT  
Address 841 PRUDENTIAL DRIVE, SUITE 1802  
City-State-Zip: JACKSONVILLE FL 32207

Title D  
Name GREENE, A. HUGH  
Address 841 PRUDENTIAL DRIVE, SUITE 1601  
City-State-Zip: JACKSONVILLE FL 32207

*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: SCOTT WOOTEN**

**SECRETARY**

**04/29/2016**

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

\_\_\_\_\_  
Date