

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05859

FILED
Apr 17, 2014
Secretary of State
CC4904696194

Entity Name: SOUTH SEMINOLE MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

521 W. STATE ROAD 434
LONGWOOD, FL 32750

Current Mailing Address:

1180 SPRING CENTRE S. BLVD.
SUITE 102
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-2535735

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JANKAUSKAS, SAULIUS JMD
521 W. STATE ROAD 434, STE 106
LONGWOOD, FL 32750 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 JANKAUSKAS, SAULIUS JMD
Address 521 W STATE RD 434 STE 106
City-State-Zip: LONGWOOD FL 32750

Title TREASURER, DIRECTOR
Name WIESE, JON D
Address 521 W. STATE ROAD434
STE 305
City-State-Zip: LONGWOOD FL 32750

Title VP, DIRECTOR
Name MIRELES, ALPHONSO
Address 521 W. STATE ROAD434
STE 101
City-State-Zip: LONGWOOD FL 32750

Title SECRETARY, DIRECTOR
Name HUG, ROBIN
Address ORLANDO HEALTH
521 W. STATE ROAD434
City-State-Zip: LONGWOOD FL 32750

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: SAULIUS JANKAUSKAS

PD

04/17/2014

Electronic Signature of Signing Officer/Director Detail

Date