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. 04/21/2021 PRESIDENT

SIGNATURE: MAGGIE BONKO

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N05859

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

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

Name and Address of Current Registered Agent:

LAFRENIERE, STEPHEN J 1180 SPRING CENTRE S. BLVD. SUITE 102 ALTAMONTE SPRINGS, FL 32714 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	E: STEPHEN J LAFRENIERE			04/21/2021
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PD	Title	VP	
Name	BONKO, MAGGIE	Name	JANKAUSKAS, SAULIUS DR.	
Address	521 W. STATE ROAD 434	Address	521 W. STATE ROAD434	
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	SUITE 106 LONGWOOD FL 32750	
Title	SECRETARY, TREASURER			
Name	MIRELES, ALPHONSO			
Address	521 W. STATE ROAD434 STE 101			
City-State-Zip:	LONGWOOD FL 32750			

Certificate of Status Desired: No

FILED Apr 21, 2021 Secretary of State 7321511548CC