

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05859

**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:**

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:** STEPHEN J LAFRENIERE

**04/27/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HOWARD, ANGELA  
Address        1414 KUHL AVENUE, MP71  
City-State-Zip: ORLANDO FL 32806

Title            VP  
Name            JANKAUSKAS, SAULIUS DR.  
Address        521 W. STATE ROAD434  
                 SUITE 106  
City-State-Zip: LONGWOOD FL 32750

Title            SECRETARY, TREASURER  
Name            MIRELES, ALPHONSO  
Address        521 W. STATE ROAD434  
                 STE 101  
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:** ANGELA HOWARD

**PRESIDENT**

**04/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date