

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

DOCUMENT# N15000009652

**Entity Name:** 1700 SOUTH MACDILL CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 18, 2016**  
**Secretary of State**  
**CC7698197810**

**Current Principal Place of Business:**

1700 SOUTH MACDILL AVENUE  
SUITE 200  
TAMPA, FL 33629

**Current Mailing Address:**

1700 SOUTH MACDILL AVENUE  
SUITE 200  
TAMPA, FL 33629 US

**FEI Number: 03-0460194**

**Certificate of Status Desired: No**

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

HENDEE, BRETT  
1700 SOUTH MACDILL AVENUE  
SUITE 200  
TAMPA, FL 33629 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, D  
Name            HENDEE, BRETT  
Address        1700 SOUTH MACDILL AVENUE,  
                  SUITE 200  
City-State-Zip: TAMPA FL 33629

Title            VPD  
Name            SMITH, M. TREADY A  
Address        1700 SOUTH MACDILL AVENUE,  
                  SUITE 340  
City-State-Zip: TAMPA FL 33629

Title            S, D  
Name            WILSON, B. GIBBS  
Address        1700 SOUTH MACDILL AVENUE,  
                  SUITE 300  
City-State-Zip: TAMPA FL 33629

*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: BRETT HENDEE**

**P, D**

**04/18/2016**

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

\_\_\_\_\_  
Date