

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43339

**Entity Name:** SEVEN HILLS COMMUNITY MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 22, 2018**  
**Secretary of State**  
**CC9577460769**

**Current Principal Place of Business:**

13452 BOLTON COURT  
SPRING HILL, FL 34609

**Current Mailing Address:**

P.O. BOX 15570  
SPRING HILL, FL 34604 US

**FEI Number: 59-3087231**

**Certificate of Status Desired: No**

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

PROFESSIONAL ASSOCIATION MANAGEMENT, LLC  
13452 BOLTON COURT  
SPRING HILL, FL 34609 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: SUSAN K MACKERT**

**01/22/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PATRIAS, TOM  
Address        P.O. BOX 15570  
City-State-Zip: SPRING HILL FL 34604

Title            TREASURER  
Name            HAMILTON, CHARLES  
Address        P.O. BOX 15570  
City-State-Zip: SPRING HILL FL 34604

Title            SECRETARY  
Name            DANIELS, DEBBIE  
Address        P.O. BOX 15570  
City-State-Zip: SPRING HILL FL 34604

*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: TOM PATRIAS**

**PRESIDENT**

**01/22/2018**

Electronic Signature of Signing Officer/Director Detail

Date