

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723330

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Entity Name:** MEDCOM CONDOMINIUM, INC

**Current Principal Place of Business:**

1445 DUNN AVENUE  
DAYTONA BCH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

1445 DUNN AVENUE  
DAYTONA BCH, FL 32114

**New Mailing Address:**

24921 BARTRAM ROAD  
ASTOR, FL 32102

**FEI Number:** 59-1398883

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEGRACIA, ROMEO  
1445 DUNN AVE  
DAYTONA BEACH, FL 32114 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DEGRACIA, ROMEO  
Address: 769 N CLYDE MORRIS BLVD  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VD  
Name: TWEED, TERESA  
Address: 24921 BARTRAM ROAD  
City-St-Zip: ASTOR, FL 32102

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: TERESA TWEED

VD

02/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date