

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748552

FILED
Mar 24, 2009
Secretary of State

Entity Name: SEACREST DENTAL-MEDICAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2620 S. SEACREST BLVD
SUITE D
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

2620 S. SEACREST BLVD
SUITE D
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 59-2031592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCURRY, INGALLS LLC
21301 POWERLINE RD STE 201
BOCA RATON, FL 33933 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 () Delete
Name: MOUM, ERIC E
Address: 2620 S. SEACREST BLVD., STE A
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VD () Delete
Name: MINCH, MARC A
Address: 2620 S. SEACREST BLVD STE C
City-St-Zip: BOYNTON BEACH, FL 33435

Title: STD () Delete
Name: NIELSON, TIMOTHY A
Address: 2620 S. SEACREST BLVD STE A
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ERIC EE MOUM

PD

03/24/2009

Electronic Signature of Signing Officer or Director

Date