

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 759956

1. Entity Name

MEMORIAL PROFESSIONAL PLAZA B CONDOMINIUM
OWNERS ASSOCIATION, INC.



Principal Place of Business

C/O 3636 UNIVERSITY BLVD. S
B2
JACKSONVILLE FL 32216
US

Mailing Address

C/O 3636 UNIVERSITY BLVD S
B2
JACKSONVILLE FL 32216
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

2nd MOORE

CR2E037 (5/05)

Zip

Country

Zip

Country

4. FEI Number

59-2129952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASS, M.F.
3636 UNIVERSITY BLVD. S
B2
JACKSONVILLE FL 32216

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
3636 UNIVERSITY BLVD SO
JACKSONVILLE FL
CITY-ST-ZIP D

TITLE NAME ☐ Delete
3636 UNIVERSITY BLVD. S. STE # 10
JACKSONVILLE FL 32216
CITY-ST-ZIP PD

TITLE NAME ☐ Delete
3636 UNIVERSITY BLVD.S, B2
JACKSONVILLE FL
CITY-ST-ZIP D

TITLE NAME ☐ Delete
3636 UNIVERSITY BLVD. SO B3
JACKSONVILLE FL 32216
CITY-ST-ZIP D

TITLE NAME ☐ Delete
3636 UNIVERSITY BLVD. SO., STE # 10
JACKSONVILLE FL 32216
CITY-ST-ZIP

TITLE NAME ☐ Delete
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
100000377240
08/29/05-80001-003 61.25
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered