

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 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**



01232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000605317
01/30/07-80031-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CONTARINI, OSVALDO
STREET ADDRESS	3636 UNIVERSITY BLVD SO
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	POHL, ROBERT
STREET ADDRESS	3636 UNIVERSITY BLVD. S. STE # 10
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	PD
NAME	MASS, M.F.
STREET ADDRESS	3636 UNIVERSITY BLVD.S, B2
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	HARRIS, JEREMY MD
STREET ADDRESS	3636 UNIVERSITY BLVD. SO B3
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	BAILEY, MATTHEW
STREET ADDRESS	3636 UNIVERSITY BLVD. SO., STE # 10
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MYRON F. MASS

1-23-07 (904) 733-8200

Date

Daytime Phone #