## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**  Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90012 034 \*\*\*\*61.25

**FILED** 

## **DOCUMENT # 759962**

COURTYARD SQUARE MEDICAL CENTER CONDOMINIUM ASSO CIATION, INC.

Principal Place of Business

Mailing Address

13701 BRUCE B. DOWNS BLVD. SUITE 111 TAMPA FL 33613		13701 BRUCE B. DOWNS BLVD. SUITE 111 TAMPA FL 33613						
Principal Place of Business     2a. Mailing Addr			dress		3. Date Incorporated or Qualifed			
21	26			09/10/1981				
Suite, Apt. #, etc. Suite, Apt. #, etc.			•		4. FEI Number	1 <del>-1</del>	olied For	
22 27					59-2445555		Applicable	
City & State City & State					5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re		
Zip	Country Zip Cou				6. Election Campaign Financing	\$5.00	May Be	
24	25 29 30				Trust Fund Contribution Added to Fees			
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			81	Name				
BERKOWITZ, HERBERT M			82	82 Street Address (P.O. Box Number is Not Acceptable)				
4809 E. BUSCH BLVD.			83					
SUITE 104 TAMPA FL 33617			Ĭ.					
IAMPA FL	. 33017		84	City	F	<b>5</b>	ode	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE: Re		it signature re	quired when reinstating) DATE		00.191.40	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	PD	☐ DELETE	1.1 TITLE	1		☐ Change	☐ Addition	
NAME	HOFFMAN, RICHARD A	_	1.2 NAME					
STREET ADDRESS	TOTAL BROOK B. BOTTLE BETTE, W. T.			TADORESS				
CITY-ST-ZIP	TAMPA FL 33613	<u> </u>	1.4 CITY-S	T-ZIP		Change	Addition	
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME	SCHULAK, DAVID		2.2 NAME					
STREET ADDRESS	3000 FLETCHER AVE.		2.3 STREET	TADORESS				
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP		☐ Change	Addition	
TITLE	D	☐ DELETE	3.1 TTTLE			Criatige		
NAME	GELPI, MARGARITE	_	3.2 NAME					
STREET ADDRESS	13701 BRUCE B. DOWNS BLV	/U.		TADDRESS				
CITY-ST-ZIP	TAMPA FL 33613	□ DELETE	3.4. CITY- S	ST-ZIP		☐ Change	Addition	
TITLE		☐ DELETE	4.1 TITLE					
NAME.			4. 2 NAME				i	
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	T-ZIP		☐ Change	Addition	
TITLE		D percie	5.2 NAME					
NAME				TADDRESS				
STREET ADDRESS			5.4 CITY-S		• • •			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME			_ •	_	
STREET ADDRESS				T ADDRESS			]	
\	1		6.4 CITY-S					
CITY-ST-ZIP	partify that the information synolied y	with this filing does not qualify for th			in Section 119.07(3)(i), Florida Statutes, I further	certify that the in	nformation	

I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Fibrida Statutes. I latter certify that the information indicated on this annual report or supplemental annual 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 proporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, by on an attachment with an address, with all other like empowered.

SIGNATURE:

IGHATURE REQUIRED