


FILE NOW: FILING FEE IS \$61.25

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Feb 20, 1999 8:00 am  
Secretary of State

02-20-1999 90012 034 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 759962</b>					
1. Corporation Name <b>COURTYARD SQUARE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 13701 BRUCE B. DOWNS BLVD. SUITE 111 TAMPA FL 33613			Mailing Address 13701 BRUCE B. DOWNS BLVD. SUITE 111 TAMPA FL 33613		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/10/1981	
22 City & State		27 City & State		4. FEI Number 59-2445555	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		30	
25		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
BERKOWITZ, HERBERT M 4809 E. BUSCH BLVD. SUITE 104 TAMPA FL 33617			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 85 Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



CR2E037 (11/98)

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99 (813-) 977-2524

Date

Daytime Phone #