

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # 759962

1. Entity Name
**COURTYARD SQUARE MEDICAL CENTER
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**13701 BRUCE B. DOWNS BLVD.
SUITE 110
TAMPA, FL 33613**

Mailing Address

**13701 BRUCE B. DOWNS BLVD.
SUITE 110
TAMPA, FL 33613**



04112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2445555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TAGLIARINI, FRANK
13701 BRUCE B. DOWNS BLVD.
SUITE 113
TAMPA, FL 33613**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000901289
04/29/08-80063-013 61.25**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	MITCHELL, LEON
STREET ADDRESS	13701 BRUCE B. DOWNS BLVD. #113
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	S
NAME	CANEDO, MARIO
STREET ADDRESS	13701 BRUCE B. DOWNS BLVD. #101
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	P
NAME	TAGLIARINI, FRANK
STREET ADDRESS	13701 BRUCE B DOWNS BLVD STE 113
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE:

Frank Tagliarini, M.D. 4/14/08 813-921-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #