

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759962

FILED
Mar 17, 2009
Secretary of State

Entity Name: COURTYARD SQUARE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2445555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LINDE, HAROLD PSY. D.
13701 BRUCE B. DOWNS BLVD.
SUITE 103
TAMPA, FL 33613 US

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.

SIGNATURE: HAROLD LINDE, PSY. D.

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MITCHELL, LEON
Address: 13701 BRUCE B. DOWNS BLVD. #113
City-St-Zip: TAMPA, FL 33613

Title: S () Delete
Name: CANEDO, MARIO
Address: 13701 BRUCE B. DOWNS BLVD. #101
City-St-Zip: TAMPA, FL 33613

Title: P () Delete
Name: TAGLIARINI, FRANK
Address: 13701 BRUCE B DOWNS BLVD STE 113
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: SCHULAK, DAVID J MD
Address: 13701 BRUCE B. DOWNS BLVD. #115
City-St-Zip: TAMPA, FL 33613

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: LINDE, HAROLD PSY. D.
Address: 13701 BRUCE B DOWNS BLVD STE 103
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD LINDE, PSY. D.

P

03/17/2009

Electronic Signature of Signing Officer or Director

Date