

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765343

FILED
Mar 21, 2012
Secretary of State

Entity Name: TARPON MEDICAL AND PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9108 US HWY. 19 N., 2ND FLOOR
PORT RICHEY, FL 34668 US

New Principal Place of Business:

1501 PINELLAS AVE.
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

9108 US HWY. 19 N., 2ND FLOOR
PORT RICHEY, FL 34668 US

New Mailing Address:

C/O CAP REALTY
2511 SEVEN SPRINGS BLVD
TRINITY, FL 34655 US

FEI Number: 59-2472186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICK, JAMIE
9108 US HWY. 19 N., 2ND FL
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

SABRINA, DOWNING
2511 SEVEN SPRINGS BLVD
TRINITY, FL 34655 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: SABRINA DOWNING

03/21/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SHIRMOHAMMED, RAY G DR
Address: 8701 BOYSENBERRY DRIVE
City-St-Zip: TAMPA, FL 33635

Title: VP
Name: HOGAN, BILL
Address: 1469 VENNOR AVE.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TRS
Name: NICKOLAKIS, IRENE A
Address: 1501 PINELLAS AVE, STE K
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby 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 all other like empowered.

SIGNATURE: SABRINA DOWNING

RA

03/21/2012

Electronic Signature of Signing Officer or Director

Date