

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 767223

1. Entity Name
**SEBASTIAN RIVER MEDICAL PLAZA CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**PO BOX 339
ROSELAND, FL 32957**

Mailing Address

**PO BOX 339
ROSELAND, FL 32957**

DO NOT WRITE IN THIS SPACE



01242005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2330105

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BURKE, KATHY D
13695 US HWY 1
SEBASTIAN, FL 32958**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LOCKWOOD, THOMAS W
6145 MIRROR LAKE DR S
SEBASTIAN, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
BURKE, KATHY
13695 US HWY 1
SEBASTIAN, FL 32958**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
KNOWLES, DAISY C
13695 US HWY 1
SEBASTIAN, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000268787
03/18/05-80059-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/05
Date

772 581-2066
Daytime Phone