

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

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90026 030 ****61.25

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**

4004310



02222008 No Chg-NP CR2E037 (4/06)

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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~~ **John McEachern**
**13695 US HWY 1
SEBASTIAN, FL 32958**

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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 *John McEachern* **3/5/08**
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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOCKWOOD, THOMAS W
STREET ADDRESS	6145 MIRROR LAKE DR S
CITY-ST-ZIP	SEBASTIAN, FL
TITLE	VPD
NAME	BURKE, KATHY John McEachern
STREET ADDRESS	13695 US HWY 1
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	STD
NAME	KNOWLES, DAISY C
STREET ADDRESS	13695 US HWY 1
CITY-ST-ZIP	SEBASTIAN, FL
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: *Daisy Knowles* **3/5/08** **772 581-2066**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #