

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767223

FILED
Feb 19, 2009
Secretary of State

Entity Name: SEBASTIAN RIVER MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 339
ROSELAND, FL 32957

New Principal Place of Business:

13695 U.S. HIGHWAY 1
SEBASTIAN, FL 32978

Current Mailing Address:

PO BOX 339
ROSELAND, FL 32957

New Mailing Address:

FEI Number: 59-2330105 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOCKWOOD, THOMAS W
Address: 6145 MIRROR LAKE DR S
City-St-Zip: SEBASTIAN, FL

Title: VPD () Delete
Name: MCEACHERN, JOHN
Address: 13695 US HWY 1
City-St-Zip: SEBASTIAN, FL 32958

Title: STD () Delete
Name: KNOWLES, DAISY C
Address: 13695 US HWY 1
City-St-Zip: SEBASTIAN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOCKWOOD, THOMAS W
Address: 6145 MIRROR LAKE DR S
City-St-Zip: SEBASTIAN, FL 32978

Title: VPD (X) Change () Addition
Name: MCEACHERN, JOHN
Address: 13695 US HWY 1
City-St-Zip: SEBASTIAN, FL 32978

Title: STD (X) Change () Addition
Name: KNOWLES, DAISY C
Address: 13695 US HWY 1
City-St-Zip: SEBASTIAN, FL 32978

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: THOMAS W LOCKWOOD

PD

02/19/2009

Electronic Signature of Signing Officer or Director

Date