

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767223

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

13695 U.S. HIGHWAY 1  
SEBASTIAN, FL 32978

**New Principal Place of Business:**

13695 U.S. HIGHWAY 1  
SEBASTIAN, FL 32958

**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:**

KNOWLES, DAISY C  
13695 US HWY 1  
SEBASTIAN, FL 32958 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: DAISY C. KNOWLES

02/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LOCKWOOD, THOMAS W  
Address: 6145 MIRROR LAKE DR S  
City-St-Zip: SEBASTIAN, FL 32958

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

Title: STD  
Name: KNOWLES, DAISY C  
Address: 13695 US HWY 1  
City-St-Zip: SEBASTIAN, FL 32958

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: DAISY C. KNOWLES

STD

02/17/2010

Electronic Signature of Signing Officer or Director

Date