

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767223

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

13695 U.S. HIGHWAY 1  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 339  
ROSELAND, FL 32957

**New Mailing Address:**

C/O PRA 1501 ROBERT J. CONLAN BLVD  
250  
PALM BAY, FL 32905

**FEI Number:** 59-2330105

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

MCEACHERN, JOHN  
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: JOHN MCEACHERN

01/07/2011

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: VPST  
Name: MCEACHERN, JOHN  
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: JOHN MCEACHERN

VPST

01/07/2011

Electronic Signature of Signing Officer or Director

Date