

FROM : DRS ZAMORE, RABOW, LIPPELMAN

FAX NO. : 8138768561

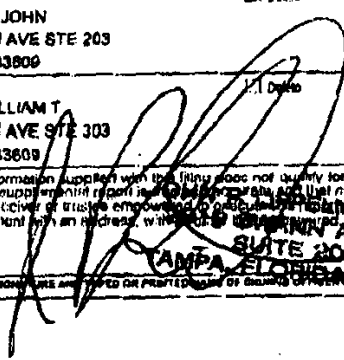
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CIMINELLI REAL ESTATE SVC

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90010 016 ****70.00

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 771108			
1. Entity Name MEMORIAL MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2919 SWAN AVE. TAMPA, FL 33609		Mailing Address 3928 PREMIER NORTH DR. TAMPA, FL 33618 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2479200		Applies For ☐ Non Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Ciminelli Real Estate Services of Florida, LLC CIVILINK REAL ESTATE SERVICES, L.C. 3928 PREMIER NORTH DR. TAMPA, FL 33618		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 _____ DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006			
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PETTYGROVE, ARTHUR	NAME	
STREET ADDRESS	2419 SWANN AVE, STE 400A	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WASYLIK, MICHAEL	NAME	
STREET ADDRESS	2919 SWANN AVE STE 102	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	
TITLE	DST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STAUFFER, JOHN	NAME	
STREET ADDRESS	2919 SWANN AVE STE 205	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VERKAUF, BARRY	NAME	
STREET ADDRESS	2919 SWANN AVE STE 305	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LIPPELMAN, JOHN	NAME	
STREET ADDRESS	2919 SWANN AVE STE 203	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRANCH, WILLIAM T	NAME	
STREET ADDRESS	2919 SWANN AVE STE 303	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	
12. I hereby certify that the information supplied on 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 correct, 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 file this statement as required by Chapter 617, Florida Statutes; and that my name appears in block 10 or block 11 if changed, or on an attachment to an address, within 10 days of the filing of this statement.			
SIGNATURE: 		1/24/06	