2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # 771108

1. Entity Name
MEMORIAL MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2919 SWAN AVE. TAMPA, FL 33609	3928 PREMIER NORTH DR. TAMPA, FL 33618 US

03282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2479200
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CIMINELLI REAL ESTATE SVCS OF FL, LLC
3928 PREMIER NORTH DR.
TAMPA, FL 33618

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000004827
05/01/08-80035-007 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PETTYGROVE, ARTHUR
STREET ADDRESS	2419 SWAN AVE, STE 400A
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	D
NAME	WASYLIK, MICHAEL
STREET ADDRESS	2919 SWANN AVE STE 102
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	DST
NAME	STAUFFER, JOHN
STREET ADDRESS	2919 SWANN AVE STE 205
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	VD
NAME	VERKAUF, BARRY
STREET ADDRESS	2919 SWANN AVE STE 305
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	PD
NAME	LIPPELMAN, JOHN
STREET ADDRESS	2919 SWANN AVE STE 203
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	D
NAME	BRANCH, WILLIAM T
STREET ADDRESS	2919 SWANN AVE STE 303
CITY-ST-ZIP	TAMPA, FL 33609

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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: _____ 3/31/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #