

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 771108

Entity Name: MEMORIAL MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2919 SWAN AVE.
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

3928 PREMIER NORTH DR.
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 59-2479200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CIMINELLI REAL ESTATE SVCS OF FL, LLC
3928 PREMIER NORTH DR.
TAMPA, FL 33618 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: D () Delete
Name: PETTYGROVE, ARTHUR
Address: 2419 SWAN AVE, STE 400A
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: WASYLIK, MICHAEL
Address: 2919 SWANN AVE STE 102
City-St-Zip: TAMPA, FL 33609

Title: DST () Delete
Name: STAUFFER, JOHN
Address: 2919 SWANN AVE STE 205
City-St-Zip: TAMPA, FL 33609

Title: VD () Delete
Name: VERKAUF, BARRY
Address: 2919 SWANN AVE STE 305
City-St-Zip: TAMPA, FL 33609

Title: PD () Delete
Name: LIPPELMAN, JOHN
Address: 2919 SWANN AVE STE 203
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: BRANCH, WILLIAM T
Address: 2919 SWANN AVE STE 303
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: PETTYGROVE, ARTHUR
Address: 2419 SWAN AVE, STE 400A
City-St-Zip: TAMPA, FL 33609

Title: VP (X) Change () Addition
Name: BRANCH, LAVINIA
Address: 2919 SWANN AVE STE 303
City-St-Zip: TAMPA, FL 33609

Title: SEC (X) Change () Addition
Name: STAUFFER, JOHN
Address: 2919 SWANN AVE STE 205
City-St-Zip: TAMPA, FL 33609

Title: D (X) Change () Addition
Name: VERKAUF, BARRY
Address: 2919 SWANN AVE STE 305
City-St-Zip: TAMPA, FL 33609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN LIPPELMAN

PD

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date