

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

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N00253

1. Entity Name
**4710 MEDICAL ARTS CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business

**4710 N. HABANA AVE.
TAMPA, FL 33614**

Mailing Address

**4710 N. HABANA AVE.
TAMPA, FL 33614**

DO NOT WRITE IN THIS SPACE



03242006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2388081

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DYKES, WALTER
4710 N. HABANA AVE
TAMPA, FL 33614**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOLLEY, BYRON
STREET ADDRESS	4710 N HABANA AVE #100
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	PD
NAME	MASTANDREA, FRANK G
STREET ADDRESS	4710 N HABANA AVE #400
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	SD
NAME	GRECO OD, JAMES L
STREET ADDRESS	4710 N HABANA AVE #204
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	VD
NAME	ZIMMER, SUSAN
STREET ADDRESS	4710 N HABANA AVE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	D
NAME	WALTER, DYKES
STREET ADDRESS	4710 N HABANA AVE 101
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

0000001490228
04/18/06-80068-010 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FRANK G. MASTANDREA **FRANK G. MASTANDREA** **AD 3-31-06** **813-690-1919**