**FILED**
**Mar 17, 2006 8:00 am**
**Secretary of State**
02-06-2006 90083 035 ***150.00

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000002734

1. Entity Name
CLARK ROAD MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2621 MALL DRIVE<br>SARASOTA, FL 34231 | 2621 MALL DRIVE<br>SARASOTA, FL 34231 |

DDUUJ707

01252006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2463 WANETA DR<br>Suite, Apt. #, etc. | P.O BOX 21689<br>Suite, Apt. #, etc. |
| City & State: SARASOTA, FL | City & State: SARASOTA, FL |
| Zip: 34231 Country: USA | Zip: 34276 Country: USA |

4. FEI Number: 02-0558091 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PHILIP ASKINS<br>P.O. BOX 21689<br>SARASOTA, FL 34276 | Name: PHILIP ASKINS<br>Street Address (P.O. Box Number is Not Acceptable): 2463 WANETA DR.<br>City: SARASOTA FL Zip Code: 34276 |

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<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ROBERTS, ALAN C<br>2621 MALL DRIVE<br>SARASOTA, FL 34231 | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VSD<br>ROBERTS, LAURA G<br>2621 MALL DRIVE<br>SARASOTA, FL 34231 | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GARNER, JOHN W<br>2621 MALL DRIVE<br>SARASOTA, FL 34231 | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ☐ Change ☐ Addition | |

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: _____
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

ATTACHMENT
06005767

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

**CLARK ROAD MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.**
**POB 21689**
**SARASOTA, FL 34276**

Subject: **CLARK ROAD MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.**

Reference Number: **N01000002734**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm
ANNUAL REPORTS SECTION