

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000355

FILED
Jan 23, 2009
Secretary of State

Entity Name: CLYDE MORRIS MEDICAL & PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

325 CLYDE MORRIS BLVD
SUITE 450
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

325 CLYDE MORRIS BLVD
SUITE 450
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 05-0549269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COASTAL ONCOLOGY, PL
325 CLYDE MORRIS BLVD
SUITE 450
ORMOND BEACH, FL 32174 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: P () Delete
Name: LUNSFORD, ANNE F
Address: 325 CLYDE MORRIS BLVD, #450
City-St-Zip: ORMOND BEACH, FL 32174

Title: T () Delete
Name: DODD, PAUL
Address: 325 CLYDE MORRIS BLVD, #450
City-St-Zip: ORMOND BEACH, FL 32174

Title: S () Delete
Name: BROWNLEE, RAY
Address: 325 CLYDE MORRIS BLVD, #450
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP () Delete
Name: DUCK, REBECCA
Address: 325 CLYDE MORRIS BLVD, #450
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LUNSFORD, ANNE F
Address: 325 CLYDE MORRIS BLVD, #450
City-St-Zip: ORMOND BEACH, FL 32174

Title: TRS (X) Change () Addition
Name: DODD, PAUL M
Address: 325 CLYDE MORRIS BLVD, #450
City-St-Zip: ORMOND BEACH, FL 32174

Title: SEC (X) Change () Addition
Name: BROWNLEE, RAY
Address: 325 CLYDE MORRIS BLVD, #450
City-St-Zip: ORMOND BEACH, FL 32174

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: PAUL M. DODD

TRS.

01/23/2009

Electronic Signature of Signing Officer or Director

Date