



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90020 042 ****61.25

DOCUMENT # N03000008388 1. Entity Name PALM HARBOR MEDICAL ARTS CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4198 LOSILLIAS DR. SARASOTA, FL 34238				Mailing Address 4198 LOSILLIAS DR. SARASOTA, FL 34238	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 115 N. TAMIAHI TRAIL UNIT # 8			
City & State 		City & State NOKOMIS, FL		4. FEI Number 20-0625269	
Zip 		Zip 34275		Country USA	
6. Name and Address of Current Registered Agent MARSHALL, DAVID B ESQ. 720 S. ORANGE AVE. SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name MARSHALL, DAVID B. ESQ. Street Address (P.O. Box Number is Not Acceptable) 115 N. TAMIAHI TRAIL, UNIT # 8 City NOKOMIS	
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 <u>David B. Marshall</u> 7/22/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 MAGGIO, MICHAEL D 4198 LOSILLIAS DR. SARASOTA, FL 34238		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCDONOUGH, ROGER L 7549 FAIRLINKS CT. SARASOTA, FL 34243		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEALEY, JUDY C P. O. BOX 7108 SEMINOLE, FL 337757108		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/29/04 941-356-3561 <small>Date Daytime Phone #</small>		