2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# N03000010410

Entity Name: CITRUS TOWER MEDICAL CENTER MASTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

349 NORTH US HWY 27
CLERMONT, FL 34711

New Principal Place of Business:

349 NORTH US HWY 27
CLERMONT, FL 34714

Current Mailing Address:

349 NORTH US HWY 27
CLERMONT, FL 34711

New Mailing Address:

349 NORTH US HWY 27
CLERMONT, FL 34714

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLYN, DAVID L
349 NORTH US HWY 27
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

ALLYN, DAVID L
349 NORTH US HWY 27
CLERMONT, FL 34714 US

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: DAVID L ALLYN, MD 04/19/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ALLYN, DAVID L
Address: 349 NORTH US HWY 27
City-St-Zip: CLERMONT, FL 34711

Title: DV (X) Delete
Name: THOMPSON, ROBERT D
Address: 349 NORTH US HWY 27
City-St-Zip: CLERMONT, FL 34711

Title: DST (X) Delete
Name: SONNTAG, ROBERT J
Address: 349 NORTH US HWY 27
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ALLYN, DAVID L
Address: 349 NORTH US HWY 27
City-St-Zip: CLERMONT, FL 34714

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 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 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: DAVID L ALLYN, MD DP 04/19/2005
Electronic Signature of Signing Officer or Director Date