

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010410

FILED
Jun 25, 2009
Secretary of State

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

Current Principal Place of Business:

210 NORTH HIGHWAY 27
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

210 NORTH HIGHWAY 27
CLERMONT, FL 34711

New Mailing Address:

483 N. SEMORAN BLVD
SUITE 205
WINTER PARK, FL 32792

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALLYN, DAVID L
210 NORTH HIGHWAY 27
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

SWANN & HADLEY, P.A.
1031 W. MORSE BLVD
SUITE 350
WINTER PARK, FL 32789 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: RICHARD SWANN

06/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ALLYN, DAVID L
Address: 210 NORTH HIGHWAY 27
City-St-Zip: CLERMONT, FL 34711

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGM (X) Change () Addition
Name: BAJAJ, SANDEEP
Address: 483 N. SEMORAN BLVD, SUITE 205
City-St-Zip: WINTER PARK, FL 32792

Title: D () Change (X) Addition
Name: REDDY, KARAN
Address: 483 N. SEMORAN BLVD, SUITE 205
City-St-Zip: WINTER PARK, FL 32792

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: DARRELL BENGGE

CFO

06/25/2009

Electronic Signature of Signing Officer or Director

Date