Feb 26 07 12:59p Ciminelli 81390

# FILED
# Mar 19, 2007 8:00 am
# Secretary of State

03-19-2007 90066 017 ****70.00

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000009003

1. Entity Name
SOUTH TAMPA MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3928 PREMIER NORTH DR<br>TAMPA, FL 33618 | 3928 PREMIER NORTH DR<br>TAMPA, FL 33618 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

01162007 Cng-NP CR2E037 (12/06)

4. FEI Number
11-3733557
☐ 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 |
|---|---|
| POWERS, JENNIFER A ESQ.<br>GLENN, RASMUSSEN, FOGARTY & HOOKER<br>100 S ASHLEY DR STE 1300<br>TAMPA, FL 33602 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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

Filing Fee is $61.25
Due by May 1, 2007

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 D<br>NAME LEFKOWITZ, MORRIS<br>STREET ADDRESS 3928 PREMIER NORTH DRIVE<br>CITY-ST-ZIP TAMPA, FL 33618 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE D<br>NAME GROSZ, JUDY<br>STREET ADDRESS 3928 PREMIER NORTH DRIVE<br>CITY-ST-ZIP TAMPA, FL 33618 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE D<br>NAME SCHACHTER, ROBERT<br>STREET ADDRESS 3928 PREMIER NORTH DRIVE<br>CITY-ST-ZIP TAMPA, FL 33618 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE D<br>NAME SWEARINGEN, J. HUNTER<br>STREET ADDRESS 3928 PREMIER NORTH DRIVE<br>CITY-ST-ZIP TAMPA, FL 33618 ☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE D<br>NAME MCGEACHY, THOMAS C<br>STREET ADDRESS 3928 PREMIER NORTH DRIVE<br>CITY-ST-ZIP TAMPA, FL 33618 ☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP ☐ 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: Judy Grosz MANAGER 2/23/07
Name and title of Florida officer or director Date