

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012192

FILED  
Feb 11, 2009  
Secretary of State

**Entity Name:** FORT WALTON BEACH MEDICAL ARTS BUILDING I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1765 EAST NINE MILE ROAD, STE 1, BOX 334  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

1765 EAST NINE MILE ROAD, STE 1, BOX 334  
PENSACOLA, FL 32514

**New Mailing Address:**

FEI Number: 86-1159914

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MADISON, RUSSELL SR.  
C/O LINCOLN HARRIS CSG  
1765 EAST NINE MILE, STE 1-334  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

MADISON, RUSSELL  
C/O LINCOLN HARRIS CSG  
1765 EAST NINE MILE, STE 1-334  
PENSACOLA, FL 32514 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: RUSSELL MADISON

02/11/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SIEFKER, JOSEPH MD  
Address: 1032 MAR WALT DRIVE STE 100  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: V ( ) Delete  
Name: PEDONE, JOSEPH MD  
Address: 129 REDSTONE AVE STE A  
City-St-Zip: CRESTVIEW, FL 32539

Title: D ( ) Delete  
Name: TENCZAR, GARY  
Address: 1000 MAR WALT DR  
City-St-Zip: FORT WALTON BEACH, FL 32547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: TENCZAR, GARY  
Address: 1000 MAR WALT DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D (X) Change ( ) Addition  
Name: BYRD, CHRIS  
Address: 1005 MAR WALT DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D (X) Change ( ) Addition  
Name: SIEFKER, JOSEPH MD  
Address: 1032 MAR WALT DRIVE STE 100  
City-St-Zip: FORT WALTON BEACH, FL 32547

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: GARY TENCZAR

D

02/11/2009

Electronic Signature of Signing Officer or Director

Date