

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012192

FILED
Feb 22, 2010
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:

C/O LINCOLN PROPERTY COMPANY
1765 E NINE MILE RD, STE 1, BX 334
PENSACOLA, FL 32514

Current Mailing Address:

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

New Mailing Address:

C/O LINCOLN PROPERTY COMPANY
1765 E NINE MILE RD, STE 1, BX 334
PENSACOLA, FL 32514

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
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
1765 E NINE MILE RD, STE 1, BX 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:

02/22/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: PEDONE, JOSEPH M.D.
Address: 129 REDSTONE AVE, STE. A
City-St-Zip: CRESTVIEW, FL 32539

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

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

I hereby 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 all other like empowered.

SIGNATURE: RUSSELL MADISON

RA

02/22/2010

Electronic Signature of Signing Officer or Director

Date