

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012192

FILED  
Mar 01, 2011  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

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

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: \_\_\_\_\_

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: SEIFKER, JOSEPH  
Address: 1032 MAR WALT DRIVE, STE. 100  
City-St-Zip: FORT WALTON BEACH, FL 32547

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

Title: D  
Name: SHEA, SUSAN  
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

03/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date