

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003506

FILED
Aug 08, 2008
Secretary of State

Entity Name: 703 EATON STREET CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

703 EATON STREET
UNIT 1
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

703 EATON STREET
UNIT 1
KEY WEST, FL 33040

New Mailing Address:

C/O MED TECH MEDICAL SERVICES CO, LLC
830 FESSLERS PKWY, SUITE 122
NASHVILLE, TN 37210

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **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:

ALLISON, JOHN R III
6803 OVERSEAS HIGHWAY
MARATHON, FL 33050 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: PTD () Delete
Name: OBERMEYER, PETER W
Address: 703 EATON STREET
City-St-Zip: KEY WEST, FL 33040

Title: VSD () Delete
Name: OBERMEYER, SARA M
Address: 703 EATON STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: LUJAN, WAYNE
Address: 703 EATON STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: OBERMEYER, PETER W
Address: 830 FESSLERS PKWY, SUITE 122
City-St-Zip: NASHVILLE, TN 37210

Title: VSD (X) Change () Addition
Name: OBERMEYER, SARA M
Address: 830 FESSLERS PKWY, SUITE 122
City-St-Zip: NASHVILLE, TN 37210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PETER W. OBERMEYER

PTD

08/08/2008

Electronic Signature of Signing Officer or Director

Date