

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005139

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: 1250 MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6935 15TH STREET EAST  
SUITE 116  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

6935 15TH STREET EAST  
SUITE 116  
SARASOTA, FL 34243

**New Mailing Address:**

FEI Number: 26-1239638

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANCHEZ, TAMMY  
6935 15TH STREET EAST  
SUITE 116  
SARASOTA, FL 34243 US

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

DILLON, TAMMY  
6935 15TH STREET EAST  
SUITE 116  
SARASOTA, FL 34243 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: TAMMY DILLON

04/21/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PRICE, BEN E  
Address: 6935 15TH STREET EAST SUITE 116  
City-St-Zip: SARASOTA, FL 34243

Title: VD ( ) Delete  
Name: PRICE, BART  
Address: 6935 15TH STREET EAST SUITE 116  
City-St-Zip: SARASOTA, FL 34243

Title: ST ( ) Delete  
Name: SANCHEZ, TAMMY  
Address: 6935 15TH STREET EAST SUITE 116  
City-St-Zip: SARASOTA, FL 34243

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

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

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

Title: ST (X) Change ( ) Addition  
Name: DILLON, TAMMY  
Address: 6935 15TH STREET EAST SUITE 116  
City-St-Zip: SARASOTA, FL 34243

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: BEN E. PRICE

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date