

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