

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005139

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** 1250 MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7519 PENNSYLVANIA AVENUE  
SUITE 102  
SARASOTA, FL 34243

**New Principal Place of Business:**

7519 PENNSYLVANIA AVENUE  
SUITE 102  
SARASOTA, FL 34243 US

**Current Mailing Address:**

7519 PENNSYLVANIA AVENUE  
SUITE 102  
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:**

DILLON, TAMMY  
7519 PENNSYLVANIA AVENUE  
SUITE 102  
SARASOTA, FL 34243 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: PD  
Name: PRICE, BEN E  
Address: 7519 PENNSYLVANIA AVENUE SUITE 102  
City-St-Zip: SARASOTA, FL 34243

Title: VD  
Name: PRICE, BART  
Address: 7519 PENNSYLVANIA AVENUE SUITE 102  
City-St-Zip: SARASOTA, FL 34243

Title: ST  
Name: DILLON, TAMMY  
Address: 7519 PENNSYLVANIA AVENUE SUITE 102  
City-St-Zip: SARASOTA, FL 34243

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: BEN E. PRICE

PD

04/23/2012

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

\_\_\_\_\_  
Date