2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006603

FILED Apr 13, 2009 Secretary of State

Entity Name: MIDTOWN SQUARE CONDOMINIUM ASSOCIATION, INC. **New Principal Place of Business: Current Principal Place of Business:** 4712 N. ARMENIA AVE. 200 TAMPA, FL 33603 **Current Mailing Address: New Mailing Address:** 4712 N. ARMENIA AVE. TAMPA, FL 33603 FEI Number: 20-5178510 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOOVER, DENNIS L HD HOOVER, DENNIS L MD 4712 N. ARMENIA AVE, STE. 200 4712 N. ARMENIA AVE, STE. 200 TAMPA, FL 33603 TAMPA, FL 33603 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: DENNIS L. HOOVER, MD 04/13/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HOOVER, DENNIS L MD Name: Name: Address: 4712 N. ARMENIA STE 200 Address: City-St-Zip: TAMPA, FL 33603 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DANIEL, VINCENT JMD Name: Address: 4714 N. ARMENIA AVE, STE. 200 Address: City-St-Zip: TAMPA, FL 33603 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: DENNIS L. HOOVER, MD PRES 04/13/2009