


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90018 019 ****61.25

DOCUMENT # N06000009101 1. Entity Name 11TH CIRCLE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2325 18TH AVE VERO BEACH, FL 32960			Mailing Address 2325 18TH AVE VERO BEACH, FL 32960		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 3989			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Vero Beach, FL 32964			
Zip	Country	Zip	Country		
4. FEI Number 20-5485473					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FLINCHUM, RUSSELL 2325 18TH AVE VERO BEACH, FL 32960				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FLINCHUM, RUSSELL 2325 18TH AVE VERO BEACH, FL 32960 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GIBB, ROBERT 2325 18TH AVE VERO BEACH, FL 32960 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FLINCHUM, RANDALL 2325 18TH AVE VERO BEACH, FL 32960 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: J. Russell Flinchum SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 2/19/07 Daytime Phone # 772/502-6856					

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