

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

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
P O BOX 3989
VERO BEACH, FL 32964



01312008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5485473

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLINCHUM, RUSSELL
2325 18TH AVE
VERO BEACH, FL 32960

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FLINCHUM, RUSSELL
STREET ADDRESS 2325 18TH AVE
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE VPD
NAME GIBB, ROBERT
STREET ADDRESS 2325 18TH AVE
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE STD
NAME FLINCHUM, RANDALL
STREET ADDRESS 2325 18TH AVE
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J. Russell Flinchum FEB 08

772-502-6856