

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005142

FILED
Jan 13, 2010
Secretary of State

Entity Name: SHELDON ROAD DENTAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

29750 US HWY 19 NORTH, STE. 201
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

29750 US HWY 19 NORTH, STE. 201
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 26-4045477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESSER, JASON K.
29750 US HWY 19 NORTH, STE. 201
CLEARWATER, FL 33761 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: D
Name: LESSER, JASON K.
Address: 29750 US HWY 19 NORTH, STE. 201
City-St-Zip: CLEARWATER, FL 33761

Title: D
Name: LESSER, MARSHA
Address: 29750 US HWY 19 NORTH, STE. 201
City-St-Zip: CLEARWATER, FL 33761

Title: D
Name: LESSER MELAMUD, ROBIN
Address: 29750 US HWY 19 NORTH, STE. 201
City-St-Zip: CLEARWATER, FL 33761

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: JASON LESSER

MGR

01/13/2010

Electronic Signature of Signing Officer or Director

Date