


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

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90033 016 \*\*\*\*61.25

**60024711**



<b>DOCUMENT # N07000009383</b>					
1. Entity Name ANDREWS INSTITUTE MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1040 GULF BREEZE PARKWAY GULF BREEZE, FL 32561		Mailing Address 1040 GULF BREEZE PARKWAY GULF BREEZE, FL 32561			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1717 N. "E" St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste. 320			
City & State		City & State Pensacola, FL		4. FEI Number <b>APPLIED FOR</b>	
Zip		Zip 32501		Country USA	
Country		Country USA		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MITCHEM, WILLIAM H BEGGS & LANE, RLLP 501 COMMENDENCIA STREET PENSACOLA, FL 32502			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELKNER, JOSEPH G		NAME		
STREET ADDRESS	1717 NORTH E STREET		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP		
TITLE	DVT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBLES, SHARON A		NAME		
STREET ADDRESS	1717 NORTH E STREET		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, MATTHEW S		NAME	Mathews, Mary B.	
STREET ADDRESS	1717 NORTH E STREET		STREET ADDRESS	1717 N. "E" St. Ste. 320	
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP	Pensacola, FL 32501	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Mary B. Mathews</i>		Mary B. Mathews, Sec.		4/7/08 850/469-7643	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	