

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009383

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** ANDREWS INSTITUTE MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1040 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

1717 N. "E" ST.  
STE 320  
PENSACOLA, FL 32501

**New Mailing Address:**

1717 NORTH E ST  
STE 320  
PENSACOLA, FL 32501

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MITCHEM, WILLIAM H  
BEGGS & LANE, RLLP  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32502 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: DPT ( ) Delete  
Name: FELKNER, JOSEPH G  
Address: 1717 NORTH E STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: DVT ( ) Delete  
Name: NOBLES, SHARON A  
Address: 1717 NORTH E STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: DS ( ) Delete  
Name: MATHEWS, MARY B  
Address: 1717 N.  
City-St-Zip: PENSACOLA, FL 32501

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: MATHEWS, MARY B  
Address: 1717 NORTH E ST  
City-St-Zip: PENSACOLA, FL 32501

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: JOSEPH G. FELKNER

DPT

04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date