## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000010560

FILED Apr 17, 2008 Secretary of State

Entity Name: ALTAMONTE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current P	rincipal Place of Business:	New Principal Place	of Business:
	AMONTE DRIVE		
SUITE 120 ALTAMON	) ITE SPRINGS, FL 32701		
Current M	lailing Address:	New Mailing Addres	ss:
316 E ALT.	AMONTE DRIVE		
SUITE 120			
El Number:	·	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Jame and	I Address of Current Registered Agent:		of New Registered Agent:
vaille allu		Name and Address	or New Registered Agent.
VALKER, 1053 MAIT	JR., BERRY J LAND CENTER COMMONS BLVD		
053 MAIT SUITE 200	LAND CENTER COMMONS BLVD )		
053 MAIT SUITE 200 MAITLAND	LAND CENTER COMMONS BLVD ) D, FL 32751 US		
053 MAIT SUITE 200 MAITLANE The above	LAND CENTER COMMONS BLVD )	purpose of changing its registere	ed office or registered agent, or both,
053 MAIT SUITE 200 MAITLANE The above	LAND CENTER COMMONS BLVD  )  )  )  )  )  )  named entity submits this statement for the e of Florida.	purpose of changing its registere	ed office or registered agent, or both,
053 MAIT SUITE 200 MAITLANE The above n the State	LAND CENTER COMMONS BLVD  )  )  )  )  )  )  named entity submits this statement for the e of Florida.		ed office or registered agent, or both,  Date
053 MAIT SUITE 200 MAITLAND The above n the State	CLAND CENTER COMMONS BLVD  )  )  )  )  )  )  named entity submits this statement for the e of Florida.  RE:	gent	
053 MAIT SUITE 200 MAITLAND The above In the State	CLAND CENTER COMMONS BLVD ) D, FL 32751 US e named entity submits this statement for the e of Florida.  RE:  Electronic Signature of Registered Age S AND DIRECTORS:  PD () Delete	gent  ADDITIONS/CHANG  Title:	Date
O53 MAIT SUITE 200 MAITLANE The above In the State SIGNATUF  DFFICERS Title: Lame:	CLAND CENTER COMMONS BLVD ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )	gent  ADDITIONS/CHANG  Title:  Name:	Date ES TO OFFICERS AND DIRECTORS
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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: ASHLEY ANSARA PD 04/17/2008