

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 Principal Place of Business:

616 E ALTAMONTE DRIVE
SUITE 120
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

616 E ALTAMONTE DRIVE
SUITE 120
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WALKER, JR., BERRY J
1053 MAITLAND CENTER COMMONS BLVD
SUITE 200
MAITLAND, FL 32751 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: PD () Delete
Name: ANSARA, ASHLEY
Address: 616 E ALTAMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD () Delete
Name: WALKER, JR, BERRY J
Address: 1053 MAITLAND CENTER COMMONS BLVD #200
City-St-Zip: MAITLAND, FL 32751

Title: STD (X) Delete
Name: HANSON, BRENT D
Address: 7380 W SAND LAKE RD SUITE 400
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Electronic Signature of Signing Officer or Director

Date