2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006215

FILED Jun 23, 2009 Secretary of State

Entity Name: CITRUS TOWER MEDICAL CENTER LANDSITE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O DARRELL BENGE C/O DARRELL BENGE 483 NORTH SEMORAN BLVD., SUITE 204 483 NORTH SEMORAN BLVD., SUITE 205 WINTER PARK, FL 32792 WINTER PARK, FL 32792 **Current Mailing Address:** New Mailing Address: C/O DARRELL BENGE C/O DARRELL BENGE 483 NORTH SEMORAN BLVD., SUITE 204 483 NORTH SEMORAN BLVD., SUITE 205 WINTER PARK, FL 32792 WINTER PARK, FL 32792 FFI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SWANN & HADLEY, P.A 1031 W MORSE BLVD SUITE 350 WINTER PARK, FL 32789 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition MINER, ROBERT Name: Name: 483 NORTHY SEMORAN BLVD SUITE 204 Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: BAJAJ, SANDEEP Name: BAJAJ, SANDEEP Address: 483 NORTHY SEMORAN BLVD SUITE 204 Address: 483 NORTH SEMORAN BLVD SUITE 205 City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: WINTER PARK, FL 32792 Title: () Delete Title: (X) Change () Addition REDDY, KARAN Name: REDDY, KARAN Name: 483 NORTHY SEMORAN BLVD SUITE 204 483 NORTH SEMORAN BLVD SUITE 205 Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: WINTER PARK, FL 32792

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: DARRELL BENGE CFO 06/23/2009