

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007201

FILED
Mar 23, 2009
Secretary of State

Entity Name: TOWN CENTER MEDICAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

241 LIVE OAK LANE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

882 JACKSON AVE
WINTER PARK, FL 32789

Current Mailing Address:

241 LIVE OAK LANE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

882 JACKSON AVE
WINTER PARK, FL 32789

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

Name and Address of Current Registered Agent:

SHAH, SARITA
241 LIVE OAK LANE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

RAY, KEVIN W
882 JACKSON AVE
WINTER PARK, FL 32789 US

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: KEVIN W. RAY

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHAH, SARITA
Address: 241 LIVE OAK LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: KROPP, THOMAS
Address: 305 E. NEW YORK AVE.
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: KROPP, KIMBERLY
Address: 305 E. NEW YORK AVE.
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHAH, SARITA
Address: 241 LIVE OAK LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD (X) Change () Addition
Name: KROPP, THOMAS
Address: 305 E. NEW YORK AVE.
City-St-Zip: DELAND, FL 32724

Title: TSD (X) Change () Addition
Name: KROPP, KIMBERLY
Address: 305 E. NEW YORK AVE.
City-St-Zip: DELAND, FL 32724

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: SARITA SHAH

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date