# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 30, 2010**
**Secretary of State**

DOCUMENT# N08000007201

**Entity Name:** TOWN CENTER MEDICAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

882 JACKSON AVE
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

882 JACKSON AVE
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number: 26-3161167** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

RAY, KEVIN W
882 JACKSON AVE
WINTER PARK, FL 32789 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
Name: SHAH, SARITA
Address: 241 LIVE OAK LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

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

I hereby 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 all other like empowered.

SIGNATURE: KEVIN RAY AGNT 03/30/2010

Electronic Signature of Signing Officer or Director Date