

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010244

FILED  
Apr 20, 2010  
Secretary of State

**Entity Name:** CONDOMINIUM ASSOCIATION OF HERITAGE MEDICAL PLAZA, INC.

**Current Principal Place of Business:**

1040 RIVER HERITAGE BLVD.  
UNIT 101  
BRADENTON, FL 34212

**New Principal Place of Business:**

**Current Mailing Address:**

1700 SOUTH TAMIAMI TRAIL  
SARASOTA, FL 34239

**New Mailing Address:**

FEI Number: 26-3827524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 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: D  
Name: STARLING, FRED M  
Address: 2201 CANTU CT SUITE 104  
City-St-Zip: SARASOTA, FL 34232

Title: DST  
Name: HARRINGTON, MICHAEL  
Address: 1700 SOUTH TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239 US

Title: D  
Name: BURKE, PATRICIA  
Address: 1700 SOUTH TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239 US

Title: P  
Name: MACKENZIE, GWENDOLYN  
Address: 1700 SOUTH TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239 US

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: GWENDOLYN MACKENZIE

P

04/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date