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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08800

1. Corporation Name

MEDICAL CENTER PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O MR. MARCUS E. DREWA
580 WEST 8TH STREET
JACKSONVILLE FL 32209

Mailing Address

C/O MR. MARCUS E. DREWA
580 WEST 8TH STREET
JACKSONVILLE FL 32209



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

04/19/1985

4. FEI Number

59-2892231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DREWA, MARCUS
580 WEST 8TH STREET
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name
Robert E. Jordan
82 Street Address (P.O. Box Number is Not Acceptable)
580 W. 8th St.
83
84 City Jacksonville FL 85 Zip Code 32209

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Robert E. Jordan

4/26/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PAST
STREET ADDRESS DREWA, MARCUS E.
CITY-ST-ZIP 580 W 8TH ST JACKSONVILLE FL

TITLE ☐ DELETE
NAME SD
STREET ADDRESS MILLER, GEORGE T
CITY-ST-ZIP 10626 WOODSDALE LANE S. JACKSONVILLE FL

TITLE ☐ DELETE
NAME TD
STREET ADDRESS DONOVAN, THOMAS W.
CITY-ST-ZIP 2700 C UNIVERSITY BLVD. W JACKSONVILLE FL

TITLE ☐ DELETE
NAME CD
STREET ADDRESS GAY, W. W.
CITY-ST-ZIP 524 STOCKTON ST JACKSONVILLE FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS HEMINGWAY, LEROY
CITY-ST-ZIP 619 CASSAT AVE JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Marcus E. Drewa 4/26/99 904-798-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)