

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13929

FILED
Jan 05, 2011
Secretary of State

Entity Name: COURTYARD MEDICAL-PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2323 CURLEW RD.,STE.7A
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

2323 CURLEW RD.,STE.7A
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 59-2764975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBSON, CHARLES J
2323 CURLEW RD.,STE.7A
DUNEDIN, FL 34698 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: STD
Name: WRIGHT, LARRY
Address: 2323 CURLEW RD STE 7C
City-St-Zip: DUNEDIN, FL 34698

Title: D
Name: BUTTS, DAN
Address: 2323 CURLEW ROAD #6A
City-St-Zip: DUNEDIN, FL 34698

Title: D
Name: LARA, CESAR M.D.
Address: 2323 CURLEW RD STE #1A
City-St-Zip: DUNEDIN, FL 34698

Title: VD
Name: JOHNSON, RICHARD M.D.
Address: 2323 CURLEW RD #2A
City-St-Zip: DUNEDIN, FL 34698

Title: PD
Name: HOWES, JEANNE
Address: 2323 CURLEW RD STE 7A
City-St-Zip: DUNEDIN, FL 34698

Title: M
Name: JACOBSON, CHARLES J
Address: 2323 CURLEW RD SUITE 7A
City-St-Zip: DUNEDIN, FL 34698

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: CHARLES J. JACOBSON

M

01/05/2011

Electronic Signature of Signing Officer or Director

Date