

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14903

FILED  
Jan 08, 2011  
Secretary of State

**Entity Name:** MEDICAL SPECIALISTS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

333 W. COCOA BEACH CSWY.  
SUITE 2  
COCOA BEACH, FL 32931 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 33309  
INDIALANTIC, FL 32903 US

**New Mailing Address:**

FEI Number: 59-2462598

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOILEAU, JOHN L  
3490 US HWY 1 N  
COCOA, FL 32926 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: TREA  
Name: MARINO, VINCENT P  
Address: 333 W COCOA BEACH CSWY #4  
City-St-Zip: COCOA BEACH, FL 32931

Title: VPR  
Name: WIDICK, MICHAEL  
Address: 333 W COCOA BEACH CSWY, #2  
City-St-Zip: COCOA BEACH, FL 32931

Title: CSEC  
Name: LUDWIG, CYNTHIA  
Address: POB 33309  
City-St-Zip: INDIALANTIC, FL 32903

Title: PRES  
Name: LUDWIG, GERALD E  
Address: POB 33309  
City-St-Zip: INDIALANTIC, FL 32903

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: CYNTHIA LUDWIG

CSEC

01/08/2011

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

\_\_\_\_\_  
Date