

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15405

FILED
Mar 02, 2012
Secretary of State

Entity Name: ALTAMONTE MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

FLORIDA HOSPITAL
601 E. ROLLINS STREET
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

C/O PROPERTY MANAGEMENT
601 E. ROLLINS STREET
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-2855792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRY, JODY
1919 N. ORANGE AVENUE
SUITE D
ORLANDO, FL 32804 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: FULBRIGHT, ROBERT
Address: 601 E ROLLINS STREET
City-St-Zip: ORLANDO, FL 32803

Title: VPD
Name: EICHNER, KIMBERLY
Address: 601 E. ALTAMONTE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD
Name: HURST, JEFF
Address: 2400 BEDFORD ROAD
City-St-Zip: ORLANDO, FL 32803

Title: D
Name: DEFREESE, CRAIG N.M.D.
Address: 661 E ALTAMONTE DRIVE STE 224
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: ROBERT FULBRIGHT

P

03/02/2012

Electronic Signature of Signing Officer or Director

Date