

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90048 010 ****61.25

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|--|---|--|--|
| DOCUMENT # N17691 1. Entity Name BEE RIDGE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business % 595 BAY ISLES RD., #201 LONGBOAT KEY, FL 34228 US | | Mailing Address % 595 BAY ISLES RD., #201 LONGBOAT KEY, FL 34228 US | |
| 2. Principal Place of Business - No P.O. Box # 5216 PAYLOR LANE Suite, Apt. #, etc. | | 3. Mailing Address 5216 PAYLOR LANE Suite, Apt. #, etc. | |
| City & State SARASOTA, FL Zip 34240 Country U.S. | | City & State SARASOTA, FL Zip 34240 Country U.S. | |
| 4. FEI Number 65-0189861 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BETH CALLANS MANAGEMENT CORP. 595 BAY ISLES RD #200 LONGBOAT KEY, FL 34228 | | 7. Name and Address of New Registered Agent Name ALLURE PROPERTY MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 5216 PAYLOR LANE City SARASOTA FL Zip Code 34240 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE <u><i>[Signature]</i></u> PRESIDENT ALLURE PROP MGMT 2/21/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JANSON, WALTER C 4044 SAWYER RD SARASOTA, FL 34233 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JANSON, WALTER C 4044 SAWYER RD SARASOTA, FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WINDOM, HUGH H 4040 SAWYER RD. SARASOTA, FL 34233 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KOZLA, ABRAHAM 4010 SAWYER RD SARASOTA, FL 34233 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KOMPOTHESAS, GARY 4054 SAWYER RD SARASOTA, FL 34233 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KOZLA, ABRAHAM 4010 SAWYER RD SARASOTA, FL 34233 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 2/21/07 Daytime Phone # (941)373-6713 | |