


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N17691		
1. Entity Name BEE RIDGE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.		

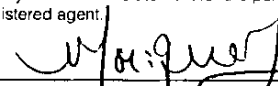
Principal Place of Business 5216 PAYLOR LANE SARASOTA, FL 34240 US	Mailing Address 5216 PAYLOR LANE SARASOTA, FL 34240 US
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2. Principal Place of Business - No P.O. Box # 5516 BURNT BRANCH CIR	3. Mailing Address 5317 FRUITVILLE RD SUITE 228
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34232	Country U.S.

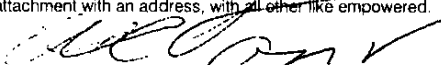
6. Name and Address of Current Registered Agent ALLURE PROPERTY MANAGEMENT, INC. 5216 PAYLOR LANE SARASOTA, FL 34240	
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7. Name and Address of New Registered Agent Name: ALLURE PROPERTY MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable): 5516 BURNT BRANCH CIRCLE City: SARASOTA FL Zip Code: 34232	
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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:  Signature, typed or printed name of registered agent and title if applicable.	MONIQUE TOLER (NOTE: Registered Agent signature required when reinstating) DATE: 4.27.07

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANSON, WALTER C 4044 SAWYER RD SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300103513118 05/31/07--01035--005 **\$61.25
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOSRIA, ABRAITAM 4010 SAWYER RD SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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
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

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	WC JANSON Date: 4.30.07 Daytime Phone #: 941-373-6713

FILED

2007 MAY 11 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0189861	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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