

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17691

FILED
Feb 25, 2009
Secretary of State

Entity Name: BEE RIDGE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5516 BURNT BRANCH CIR.
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

5317 FRUITSVILLE RD
SUITE 228
SARASOTA, FL 34232

New Mailing Address:

5317 FRUITVILLE RD
SUITE 228
SARASOTA, FL 34232

FEI Number: 65-0189861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLURE PROPERTY MANAGEMENT, INC.
5516 BURNT BRANCH CIR.
SARASOTA, FL 34232 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: P () Delete
Name: JANSON, WALTER C
Address: 4044 SAWYER RD
City-St-Zip: SARASOTA, FL 34233

Title: VP () Delete
Name: WINDOM, HUGH H
Address: 4040 SAWYER RD.
City-St-Zip: SARASOTA, FL 34233

Title: ST () Delete
Name: KOMPOTHEAS, GARY
Address: 4054 SAWYER ROAD
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JANSON, WALTER C
Address: 5516 BURNT BRANCH CIR.
City-St-Zip: SARASOTA, FL 34232

Title: S (X) Change () Addition
Name: WINDOM, HUGH H
Address: 5516 BURNT BRANCH CIR.
City-St-Zip: SARASOTA, FL 34232

Title: T (X) Change () Addition
Name: KOMPOTHEAS, GARY
Address: 5516 BURNT BRANCH CIR.
City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WALTER C JANSON

PRES

02/25/2009

Electronic Signature of Signing Officer or Director

Date