2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2010
Secretary of State

DOCUMENT# N17691

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 FRUITVILLE RD
SUITE 228
SARASOTA, FL 34232

New Mailing Address:

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
Name: JANSON, WALTER C
Address: 5516 BURNT BRANCH CIR.
City-St-Zip: SARASOTA, FL 34232

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

Title: T
Name: KOMPOTHESAS, GARY
Address: 5516 BURNT BRANCH CIR.
City-St-Zip: SARASOTA, FL 34232

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: WALTER C. JANSON PRES 02/23/2010

Electronic Signature of Signing Officer or Director Date