

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21445

FILED
Jan 14, 2009
Secretary of State

Entity Name: APOPKA 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, BOX 145
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-3000857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUSTIN, JOHN
FACILITIES MANAGEMENT
601 E ROLLINS STREET
ORLANDO, FL 32803 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 () Delete
Name: FULBRIGHT, ROBERT
Address: 601 E ROLLINS STREET
City-St-Zip: ORLANDO, FL 32803

Title: VD () Delete
Name: NIELSEN-SWANSON, VERBELEE
Address: 601 E. ROLLINS STREET
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: GUSTIN, JOHN
Address: 601 E ROLLINS ST
City-St-Zip: ORLANDO, FL 32803

Title: SD () Delete
Name: HILLIARD, DOUGLAS
Address: 601 E. ROLLINS STREET
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: MARINA, MD, OTILIA
Address: 203 N PARK AVE., STE 105
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOUGLAS HILLIARD

SD

01/14/2009

Electronic Signature of Signing Officer or Director

Date