

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 08:00 A
Secretary of State

DOCUMENT # N39389

1. Entity Name
**SAXON MEDICAL PARK CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**1565 SAXON BOULEVARD
DELTONA, FL 32725-5823 US**

Mailing Address
**205 N. ELM AVENUE
SANFORD, FL 32771 US**



05142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3025350	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DYCUS, JAMES R
205 N. ELM AVENUE
SANFORD, FL 32771**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinitiating) DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DYCUS, JAMES R. 205 N. ELM AVENUE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRINA, JOHN 312 WEST FIRST STREET SUITE 300 SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNETH J. ADCOOK MD 1565 SAXON BOULEVARD DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VALLARIO, LAWRENCE E 350 EAGLE CREEK CIRCLE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/31/07-80012-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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: JAMES R. DYCUS **TREASURER** JAMES R. DYCUS 5/17/07 407-322-2561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #