2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N39389

Entity Name: SAXON MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1242 W PORILLO DR.
DELTONA, FL 32725 US

New Principal Place of Business:

1242 W PORTILLO DR.
DELTONA, FL 32725 US

Current Mailing Address:

1242 W PORTILLO DR
DELTONA, FL 32725 US

New Mailing Address:

FEI Number: 59-3025350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRACEY, MARK
1242 W PORILLO DR.
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

TRACEY, MARK
1242 W PORTILLO DR.
DELTONA, FL 32725 US

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: _____ 04/01/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DST ( ) Delete
Name: TRACEY, MARK
Address: 1242 W PORILLO DR.
City-St-Zip: DELTONA, FL 32725 US

Title: DP ( ) Delete
Name: GUERRINA, JOHN
Address: 2061 SQUIRREL RUN
City-St-Zip: GENEVA, FL 32730

Title: D ( ) Delete
Name: ADCOOK, KENNETH J MD
Address: 1565 SAXON BOULEVARD
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Delete
Name: VALLARIO, LAWRENCE E
Address: 350 EAGLE CREEK CIRCLE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change ( ) Addition
Name: TRACEY, MARK
Address: 1242 W PORTILLO DR.
City-St-Zip: DELTONA, FL 32725 US

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: MARK F TRACEY DST 04/01/2009
Electronic Signature of Signing Officer or Director — Date