

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39389

FILED
Mar 09, 2012
Secretary of State

Entity Name: SAXON MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1565 SAXON BLVD.
SUITE 301
DELTONA, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 101329
CAPE CORAL, FL 33910 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
1641 S.E. 39TH TERRACE
CAPE CORAL, FL 33904 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: DST
Name: TRACEY, MARK
Address: 1641 S.E. 39TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: DP
Name: GUERRINA, JOHN
Address: 1565 SAXON BLVD. SUITE 301
City-St-Zip: DELTONA, FL 32725

Title: D
Name: ADCOOK, KENNETH J MD
Address: 2131 WIGGLEY FARMS RD.
City-St-Zip: DELTONA, FL 32725

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

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: MARK F TRACEY

MMG

03/09/2012

Electronic Signature of Signing Officer or Director

Date