

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000003867**

1. Entity Name  
**THE HEART AND VASCULAR PAVILION CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**1240 S. FORT HARRISON AVENUE  
CLEARWATER, FL 33756**

Mailing Address  
**C/O PERSHING, YOAKLEY & ASSOCIATES  
2963 GULF TO BAY BLVD., STE. 267  
CLEARWATER, FL 33759**



01152007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3518640**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CLINE, HARRY S  
625 COURT ST  
2ND FL  
CLEARWATER, FL 33756**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ZIECHECK, HAL  
STREET ADDRESS 1240 S. FORT HARRISON AVENUE  
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE VD  
NAME MURBACH, RICHARD MD  
STREET ADDRESS 1240 S. FORT HARRISON AVENUE  
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE SD  
NAME SIMMONS, FREDERIC JR  
STREET ADDRESS 1240 S. FORT HARRISON AVENUE  
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE T  
NAME ONEIL, DAVID  
STREET ADDRESS 1240 S. FORT HARRISON AVENUE  
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000642449  
03/01/07-80043-019 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-1-07**

Date

**727-462-7176**

Daytime Phone #