

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007085

FILED
May 01, 2007
Secretary of State

Entity Name: HERNANDO MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

12190 CORTEZ BLVD
BROOKSVILLE, FL 34613

New Principal Place of Business:

Current Mailing Address:

12190 CORTEZ BLVD
BROOKSVILLE, FL 34613

New Mailing Address:

FEI Number: 59-3528451 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KANURI, RAMAKRISHNA P
12190 CORTEZ BLVD
BROOKSVILLE, FL 34613 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KANURI, RAMAKRISHNA P
Address: 12190 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613

Title: D () Delete
Name: KANURI, DAMODAR
Address: 10448 CASA GRANDE CIRCLE
City-St-Zip: SPRING HILL, FL 34608

Title: D () Delete
Name: CARRAGHER, GARY M
Address: 14385 HUNT CLUB LN
City-St-Zip: SPRINGHILL, FL 346090318

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: KANURI, RAMAKRISHNA P
Address: 12190 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613

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: RAMAKRISHNA P KANURI

DPS

05/01/2007

Electronic Signature of Signing Officer or Director

Date