

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759962

Entity Name: COURTYARD SQUARE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 08, 2018
Secretary of State
CC9651518626

Current Principal Place of Business:

13701 BRUCE B. DOWNS BLVD.
SUITE 103
TAMPA, FL 33613

Current Mailing Address:

13701 BRUCE B. DOWNS BLVD.
SUITE 103
TAMPA, FL 33613 US

FEI Number: 59-2445555

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LINDE, HAROLD PSY. D.
13701 BRUCE B. DOWNS BLVD.
SUITE 103
TAMPA, FL 33613 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

Officer/Director Detail :

Title V
Name SCHULAK, DAVID J DR.
Address 13701 BRUCE B. DOWNS BLVD.
SUITE 115
City-State-Zip: TAMPA FL 33613

Title S
Name CANEDO, MARIO DR.
Address 13701 BRUCE B. DOWNS BLVD.
SUITE 101
City-State-Zip: TAMPA FL 33613

Title P
Name LINDE, HAROLD PSY. D.
Address 13701 BRUCE B. DOWNS BLVD.
SUITE 103
City-State-Zip: TAMPA FL 33613

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: LINDE , HAROLD PSY. D.

PRESIDENT

02/08/2018

Electronic Signature of Signing Officer/Director Detail

Date