

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000005139

**Entity Name:** 1250 MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 02, 2015**  
**Secretary of State**  
**CC0130312807**

**Current Principal Place of Business:**

7519 PENNSYLVANIA AVENUE  
SUITE 102  
SARASOTA, FL 34243

**Current Mailing Address:**

7519 PENNSYLVANIA AVENUE  
SUITE 102  
SARASOTA, FL 34243

**FEI Number: 26-1239638**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PRICE, BEN E MANAGER  
7519 PENNSYLVANIA AVENUE  
SUITE 102  
SARASOTA, FL 34243 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: BEN E. PRICE**

**04/02/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name PRICE, BEN E  
Address 7519 PENNSYLVANIA AVENUE SUITE  
102  
City-State-Zip: SARASOTA FL 34243

Title VD  
Name PRICE, BART  
Address 7519 PENNSYLVANIA AVENUE SUITE  
102  
City-State-Zip: SARASOTA FL 34243

Title ST  
Name DILLON, TAMMY  
Address 7519 PENNSYLVANIA AVENUESUITE  
102  
City-State-Zip: SARASOTA FL 34243

*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: BEN E. PRICE**

**PRESIDENT**

**04/02/2015**

Electronic Signature of Signing Officer/Director Detail

Date