

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007461

Entity Name: POWERS MEDICAL PARK CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

310 SOUTH LINE AVENUE
INVERNESS, FL 34450

Current Mailing Address:

4300 CROWNE SPRINGS DRIVE
APT 105
LOUISVILLE, KY 40241 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FITZPATRICK, MEGAN T
213 N. APOPKA AVE.
INVERNESS, FL 34450 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: MEGAN T. FITZPATRICK

04/24/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name NASH, WILKIE C
Address 4300 CROWNE SPRINGS DRIVE
APT 105
City-State-Zip: LOUISVILLE KY 40241

Title D
Name GURNANI, PARMANAND
Address 3787 EAST GULF TO LAKE HWY
City-State-Zip: INVERNESS FL 34453

Title D
Name PATEL, BHADRESH
Address 152 EAST LIBERTY ST
City-State-Zip: HERNANDO FL 34442

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: WILKIE C. NASH

D

04/24/2017

Electronic Signature of Signing Officer/Director Detail

Date