

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000011641

**Entity Name:** BAPTIST SOUTH MEDICAL CONDOMINIUM ASSOCIATION I-A, INC.

**FILED**  
**May 01, 2025**  
**Secretary of State**  
**4026716691CC**

**Current Principal Place of Business:**

1660 PRUDENTIAL DRIVE  
SUITE 203  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1660 PRUDENTIAL DRIVE  
SUITE 203  
JACKSONVILLE, FL 32207 US

**FEI Number: 30-0889778**

**Certificate of Status Desired: No**

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

BAITY, G. SCOTT  
841 PRUDENTIAL DRIVE, SUITE 1802  
JACKSONVILLE, FL 32207 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: G. SCOTT BAITY**

**05/01/2025**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name TICKELL, KEITH  
Address 1660 PRUDENTIAL DRIVE  
SUITE 203  
City-State-Zip: JACKSONVILLE FL 32207

Title VP  
Name FINNEGAN, SCOTT  
Address 841 PRUDENTIAL DRIVE  
SUITE 1602  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR, ST, VP  
Name HANSON, ESQ., KARL  
Address 841 PRUDENTIAL DRIVE  
SUITE 1602  
City-State-Zip: JACKSONVILLE FL 32207

Title DVP  
Name GENRE, CHRISTA  
Address 841 PRUDENTIAL DR.  
STE. 1602  
City-State-Zip: JACKSONVILLE FL 33207

*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: KARL B. HANSON, ESQ.**

**SECRETARY**

**05/01/2025**

Electronic Signature of Signing Officer/Director Detail

Date