

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14903

**Entity Name:** MEDICAL SPECIALISTS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 31, 2021**  
**Secretary of State**  
**1431409685CC**

**Current Principal Place of Business:**

333 W. COCOA BEACH CSWY.  
COCOA BEACH, FL 32931

**Current Mailing Address:**

333 W. COCOA BEACH CSWY.  
SUITE E  
COCOA BEACH , FL 32931 US

**FEI Number: 59-2462598**

**Certificate of Status Desired: No**

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

CALLENBERGER, MARK DR.  
333 W. COCOA BEACH CSWY.  
SUITE E  
COCOA BEACH, FL 32931 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: DR. MARK CALLENBERGER**

**03/31/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, MEMBER AT LARGE  
Name CREW, ERICA  
Address 333 W COCOA BEACH CSWY #4  
City-State-Zip: COCOA BEACH FL 32931

Title VP  
Name WIDICK, MICHAEL DR.  
Address 333 W COCOA BEACH CSWY, #2  
City-State-Zip: COCOA BEACH FL 32931

Title BOARD SECRETARY (NON-DIRECTORIAL, NON-VOTING)  
Name LUDWIG, CYNTHIA  
Address PO BOX 33309  
City-State-Zip: INDIALANTIC FL 32903

Title TREASURER  
Name LUDWIG, GERALD E  
Address PO BOX 33309  
City-State-Zip: INDIALANTIC FL 32903

Title PRESIDENT  
Name CALLENBERGER, MARK DR.  
Address 333 W. COCOA BEACH CSWY.  
SUITE E  
City-State-Zip: COCOA BEACH FL 32931

*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: DR. MARK CALLENBERGER**

**PRESIDENT**

**03/31/2021**

Electronic Signature of Signing Officer/Director Detail

Date