

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14903

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

1980 N. ATLANTIC AVE  
SUITE 614  
COCOA BEACH , FL 32931 US

**FEI Number:** 59-2462598

**Certificate of Status Desired:** No

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

RASTELLO, CRAIG  
1980 N. ATLANTIC AVE  
SUITE 614  
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:** CRAIG RASTELLO

03/20/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title            VP, SECRETARY  
Name            LUDWIG, CYNTHIA  
Address        PO BOX 33309  
City-State-Zip: INDIALANTIC FL 32903

Title            MEMBER AT LARGE  
Name            CALLENBERGER, PEGGY  
Address        333 W. COCOA BEACH CSWY.  
                 SUITE E  
City-State-Zip: COCOA BEACH FL 32931

Title            TREASURER  
Name            MURR, JERRY  
Address        3230 BISCAYNE DR.  
City-State-Zip: MERRITT ISLAND FL 32953

*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:** CYNTHIA LUDWIG

VP OF ASSN

03/20/2023

Electronic Signature of Signing Officer/Director Detail

Date