

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750463

FILED
Apr 19, 2010
Secretary of State

Entity Name: OLEAN MEDICAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

21178 OLEAN BLVD., #A
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

21178 OLEAN BLVD., #A
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 59-2073165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R&A AGENTS, INC.
2320 FIRST ST., #1000
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GRANIERO, PAUL DR.
Address: 21178 OLEAN BLVD., #4
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP
Name: AZIMA, ALI DR.
Address: 21178 OLEAN BLVD., #3
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SD
Name: CZYZ, CRAIG
Address: 21178 OLEAN BLVD., #B
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TD
Name: CZYZ, ELEONORE
Address: 21178 OLEAN BLVD., #A
City-St-Zip: PORT CHARLOTTE, FL 33952

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: ELEONORE CZYZ

TD

04/19/2010

Electronic Signature of Signing Officer or Director

Date