2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2011
Secretary of State

DOCUMENT# 750463

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:

21178 OLEAN BLVD.
UNIT A
PORT CHARLOTTE, FL 33952

Current Mailing Address:

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

New Mailing Address:

21178 OLEAN BLVD.
UNIT A
PORT CHARLOTTE, FL 33952

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:

CZYZ, CRAIG N
21178 OLEAN BLVD.
UNIT B
PORT CHARLOTTE, FL 33952 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 CZYZ 02/01/2011
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 DR.
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: CRAIG CZYZ SD 02/01/2011
Electronic Signature of Signing Officer or Director Date