

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90050 045 ****61.25

DOCUMENT # N12712

1. Entity Name

NORTHWEST MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2801 NORTH STATE ROAD 7
 MARGATE FL 33063
 US

2801 NORTH STATE ROAD 7
 MARGATE FL 33063
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

61-1259843

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICK, LYNN CFO
 2801 N STATE ROAD 7
 MARGATE FL 33063

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D Delete
 NAME: MELBY, GINA
 STREET ADDRESS: 2801 N. STATE ROAD 7
 CITY-ST-ZIP: MARGATE FL 33063

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: D Delete
 NAME: DICK, LYNN
 STREET ADDRESS: 2801 NORTH STATE ROAD 7
 CITY-ST-ZIP: MARGATE FL 33063

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: D Delete
 NAME: SWATZ, MARY LYNN
 STREET ADDRESS: 2801 NORTH STATE ROAD 7
 CITY-ST-ZIP: MARGATE FL 33063

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/16/02 954-978-4005

CR2E037 (9/01)