

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 31, 2004
Secretary of State**

DOCUMENT# N32007

Entity Name: DANIEL MEDICAL CENTER OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

C/O THE TRIAX GROUP
P.O. BOX 6286
BOCA RATON, FL 33427

Current Mailing Address:

New Mailing Address:

C/O THE TRIAX GROUP
P O BOX 6286
BOCA RATON, FL 33427 US

FEI Number: 65-0277901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NORTH, GLORIA O
2300 GLADES ROAD
#203E
BOCA RATON, FL 33431 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEWIS, MICHAEL
Address: 1000 N.W. 9TH COURT, #204
City-St-Zip: BOCA RATON, FL 33486

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP () Delete
Name: SILFEN, FREDERICK
Address: 1000 N.W. 9TH COURT, #103
City-St-Zip: BOCA RATON, FL 33486

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST () Delete
Name: COPULOS, THOMAS
Address: 1000 N.W. 9TH COURT
City-St-Zip: BOCA RATON, FL 33486

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: FREDERICK SILFEN

DVP

08/31/2004

Electronic Signature of Signing Officer or Director

Date