


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90001 012 ****61.25

DOCUMENT # N32007 1. Entity Name DANIEL MEDICAL CENTER OFFICE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O TRIAX GROUP OF SOUTH FLORIDA 3400 RABBIT HOLLOWE CIRCLE DELRAY BEACH, FL 33445 US		Mailing Address C/O TRIAX GROUP OF SOUTH FLORIDA P O BOX 6286 BOCA RATON, FL 33427 US	
2. Principal Place of Business - No P.O. Box # C/O CAPITAL REALTY ADVISORS Suite, Apt. #, etc.		3. Mailing Address 600 SANDTREE DRIVE SUITE 109 Suite, Apt. #, etc.	
City & State DELRAY BEACH, FL		City & State PALM BEACH GARDENS, FL	
Zip 33445		Zip 33410	
Country US		Country PALM BEACH	
4. FEI Number 65-0277901		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORTH, GLORIA O 5301 NORTH FEDERAL HWY. #380 BOCA RATON, FL 33437		7. Name and Address of New Registered Agent Name: CAPITAL REALTY ADVISORS, INC. Street Address (P.O. Box Number is Not Acceptable) 600 SANDTREE DR. SUITE 109 City: PALM BEACH GARDENS FL Zip Code: 33403	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Donna McDonald</i> Signature, typed or printed name of registered agent and title if applicable.		DATE: <u>2/21/08</u> DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEWIS, MICHAEL 1000 N.W. 9TH COURT, #204 BOCA RATON, FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SILFEN, FREDERICK 1000 N.W. 9TH COURT, #103 BOCA RATON, FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COPULOS, THOMAS 1000 N.W. 9TH COURT BOCA RATON, FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: <u>2/21/08</u> DAYTIME PHONE #: <u>561-338-7115</u>	

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