

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32007

FILED
Mar 08, 2011
Secretary of State

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

Current Principal Place of Business:

C/O CAPITAL REALTY ADVISORS
600 SANDTREE DRIVE, SUITE 109
PALM BEACH GARDENS, FL 33403 US

New Principal Place of Business:

Current Mailing Address:

C/O CAPITAL REALTY ADVISORS
600 SANDTREE DRIVE, SUITE 109
PALM BEACH GARDENS, FL 33403 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

CAPITAL REALTY ADVISORS, INC.
600 SANDTREE DRIVE, SUITE 109
PALM BEACH GARDENS, FL 33403 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: DVP
Name: LEWIS, MICHAEL
Address: 1000 N.W. 9TH COURT, #204
City-St-Zip: BOCA RATON, FL 33486

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

Title: DP
Name: COPULOS, THOMAS
Address: 1000 N.W. 9TH COURT, #106
City-St-Zip: BOCA RATON, FL 33486

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: THOMAS COPULOS

DP

03/08/2011

Electronic Signature of Signing Officer or Director

Date