

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32007

**FILED
Mar 20, 2015
Secretary of State
CC3549518029**

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

Current Mailing Address:

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

FEI Number: 65-0277901

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITAL REALTY ADVISORS, INC.
600 SANDTREE DRIVE, SUITE 109
PALM BEACH GARDENS, FL 33403 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

Officer/Director Detail :

Title VP
Name LEWIS, MICHAEL
Address 1000 N.W. 9TH COURT, #204
City-State-Zip: BOCA RATON FL 33486

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

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

Title D
Name KASTEN, CORI
Address 1000 NW 9TH COURT #203
City-State-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

P

03/20/2015

Electronic Signature of Signing Officer/Director Detail

Date