

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32007

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

**FILED**  
**Mar 05, 2014**  
**Secretary of State**  
**CC7371857201**

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

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

Title DP  
Name COPULOS, THOMAS  
Address 1000 N.W. 9TH COURT, #106  
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**

**DP**

**03/05/2014**

Electronic Signature of Signing Officer/Director Detail

Date