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.

PRESIDENT

SIGNATURE: MITCHELL MARKS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N39363

Entity Name: GARDENS MEDICAL PARK (PHASE II) CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3345 BURNS RD SUITE 101 PALM BEACH GARDENS, FL 33410

Current Mailing Address:

825 S. US HIGHWAY ONE SUITE 340 JUPITER, FL 33477 US

FEI Number: 65-0216633

Name and Address of Current Registered Agent:

BUSINESS REAL ESTATE 825 S. US HWY 1 SUITE 340 JUPITER, FL 33477 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

Officer/Director Detail :

TitleD, PRESIDENTNameMARKS, MITCHELLAddress3345 BURNS ROAD SUITE 101City-State-Zip:PALM BEACH GARDENS FL 33410

Mar 17, 2020 Secretary of State 0106107969CC

FILED

Certificate of Status Desired: No

Date

03/17/2020

Date