# 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

Secretary of State 3501336229CC

FILED Jan 25, 2023

Certificate of Status Desired: No

Date

01/25/2023

Date