

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39363

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

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC4602377191**

**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**

**Certificate of Status Desired: No**

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title                      D  
Name                      MARKS, MITCHELL  
Address                      3345 BURNS ROAD SUITE 101  
City-State-Zip:      PALM BEACH GARDENS FL 33410

Title                      D  
Name                      DANDYA, ROHIT  
Address                      3345 BURNS ROAD STE 302  
City-State-Zip:      PALM BEACH GARDENS FL 33410

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: MITCHELL MARKS**

**PRESIDENT**

**01/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date