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

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

01/24/2024

Date

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

Datall -----/**D** ·

C	Officer/Director Detail :				
Т	ītle	D, PRESIDENT	Title	VD	
Ν	lame	MARKS, MITCHELL	Name	HOUSS, CAROLYN	
A	ddress	3345 BURNS ROAD SUITE 101	Address	3345 BURNS ROAD STE 302	
C	City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410	
Т	ītle	SD			
Ν	lame	CORDERO, RAFAEL			
A	ddress	3345 BURNS ROAD STE 302			
C	City-State-Zip:	PALM BEACH GARDENS FL 33410			

2496577603CC

FILED Jan 24, 2024

Secretary of State

Certificate of Status Desired: No

Date