

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **734603** (4)

1. Corporation Name

MEDICAL GARDENS OF VENICE OWNERS ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

205 PALERMO PL
VENICE FL 34285
US

205 PALERMO PL
VENICE FL 34285
US



3. Date Incorporated or Qualified

12/15/1975

4. FEI Number

59-2762959

Applied For

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

213 PALERMO PLACE

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23

City & State

28

VENICE FLORIDA

24

Zip

Country

29

34285

Country

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TYLER, THOMAS, M.D.
213 PALERMO PL
VENICE FL 34285

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

THOMAS C. TYLER, M. D.

PRESIDENT/DIRECTOR

01/13/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME TYLER, THOMAS
STREET ADDRESS 213 PALERMO PLACE
CITY-ST-ZIP VENICE FL 34285

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ST
NAME FREEMAN, JOHN A JR M
STREET ADDRESS 205 PALERMO PL
CITY-ST-ZIP VENICE FL 34285

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME MOSS, ROBERT E
STREET ADDRESS 219 PALERMO PLACE
CITY-ST-ZIP VENICE FL 34285

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

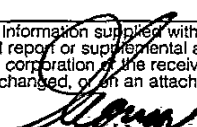
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:  THOMAS C. TYLER, M.D., PRESIDENT/DIRECTOR 01/13/98 941-485-7783

CR2E037 (10/97)