

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 734603

1. Entity Name
**MEDICAL GARDENS OF VENICE OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**205 PALERMO PLACE
VENICE, FL 34285 US**

Mailing Address
**512-516 NOKOMIA AVE S
VENICE, FL 34285 US**



04142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1762959

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ERQUIAGA, EUGENIO MD
205 PALERMO PLACE
VENICE, FL 34285**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000522596
05/03/06-80037-002 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VARDI, DAN 219 PALERMO PLACE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERQUIAGA, EUGENIO 205 PALERMO PLACE ST VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PATETE, MICHAEL J 213 PALERMO PLACE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Eugenio Erquiaga, MD
President**

Date

Daytime Phone