

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734603

FILED
Apr 23, 2009
Secretary of State

Entity Name: MEDICAL GARDENS OF VENICE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

205 PALERMO PLACE
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

512-516 NOKOMIS AVE S
VENICE, FL 34285 US

New Mailing Address:

FEI Number: 59-1762959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: VARDI, DAN
Address: 219 PALERMO PLACE
City-St-Zip: VENICE, FL 34285

Title: P () Delete
Name: ERQUIAGA, EUGENIO
Address: 205 PALERMO PLACE ST
City-St-Zip: VENICE, FL 34285

Title: ST () Delete
Name: PATETE, MICHAEL J
Address: 213 PALERMO PLACE
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EUGENIO ERQUIAGA

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date