

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 756374 (5)**

1. Corporation Name

**MED. CONDO. ASSN., INC.**



Principal Place of Business

Mailing Address

**4055 TAMiami TRAIL  
SUITE 14  
PORT CHARLOTTE FL 33952**

**4055 TAMiami TRAIL  
SUITE 14  
PORT CHARLOTTE FL 33952**

3. Date Incorporated or Qualified

**02/16/1981**

3a. Date of Last Report

**02/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

4. FEI Number

**59-2197906**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASWELL VERN  
MED CONDOMINIUM ASSOC., INC.  
4055 TAMiami TRAIL, SUITE #14  
PORT CHARLOTTE FL 33952**

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, or 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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**30 Jan 96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE  
NAME **BRODERSEN, RANDALL**  
STREET ADDRESS **611 BAL HARBOR BLVD**  
CITY-ST-ZIP **PUNTA GORDA FL**

1.1 TITLE **D** ☐ Change ☐ Addition  
1.2 NAME **Barbara Beech**  
1.3 STREET ADDRESS **1439 D Mediterranean Dr**  
1.4 CITY-ST-ZIP **Punta Gorda FL 33950**

TITLE **D** ☐ DELETE  
NAME **HODGSON, DON**  
STREET ADDRESS **1423 B MEDITERRANEAN DR**  
CITY-ST-ZIP **PUNTA GORDA FL**

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

TITLE **D** ☐ DELETE  
NAME **WIBLE, JOHN**  
STREET ADDRESS **9036 HOMER RD**  
CITY-ST-ZIP **MILFORD CENTER OH**

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

TITLE **D** ☒ DELETE  
NAME **BURT, BETTY**  
STREET ADDRESS **34 ORCHARD RD**  
CITY-ST-ZIP **MILFORD CENTER OH**

4.1 TITLE **D** ☐ Change ☐ Addition  
4.2 NAME **Grace Ritter**  
4.3 STREET ADDRESS **14330 Mediterranean Dr**  
4.4 CITY-ST-ZIP **Punta Gorda FL 33950**

TITLE **PD** ☐ DELETE  
NAME **RICHARDS, JOSPEH**  
STREET ADDRESS **1325 HICKORY RIDGE LANE**  
CITY-ST-ZIP **WORTHINGTON OH**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

**Donald W. Hodgson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-2-96**

Date

Daytime Phone #

CR2E037 (12/95)