


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am
Secretary of State

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

DOCUMENT # **756374** (5)

1. Corporation Name

MED. CONDO. ASSN., INC.

Principal Place of Business

Mailing Address

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

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



3. Date Incorporated or Qualified

02/16/1981

4. FEI Number

59-2197906

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **RICHARD W. LENZNER**
82 Street Address (P.O. Box Number is Not Acceptable)
4055 TAMAMI TRAIL SUITE #14
83
84 City **PORT CHARLOTTE** **FL** **85** Zip Code **33952**

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 **RICHARD W. LENZNER**

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

(NOTE: Registered Agent signature required when reinstating)

3-23-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **BEECH, BARBARA**
STREET ADDRESS **14390 MEDITERRANEAN DRIVE**
CITY-ST-ZIP **PUNTA GORDA FL**

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

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 **RITTER, GRACE**
STREET ADDRESS **14330 MEDITERRANEAN DRIVE**
CITY-ST-ZIP **PUNTA GORDA FL**

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

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 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 on an attachment with an address.

SIGNATURE: **RICHARD W. LENZNER**

3-23-98 - **941-627-9626**

CR2E037 (10/97)