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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756374

1. Corporation Name

MED. CONDO. ASSN., INC.

Principal Place of Business

4055 TAMiami TRAIL
SUITE 14
PORT CHARLOTTE FL 33952

Mailing Address

4055 TAMiami TRAIL
SUITE 14
PORT CHARLOTTE FL 33952



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 4456-TAMiami TRAIL
Suite, Apt. #, etc.

27 PORT CHARLOTTE - FL.

28

29 33980 30 USA.

3. Date Incorporated or Qualified

02/16/1981

4. FEI Number

59-2197906

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LENZNER, RICHARD W
4055 TAMiami TRAIL
STE 14
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name
LENZNER, RICHARD W.

82 Street Address (P.O. Box Number is Not Acceptable)
4456 TAMiami TRAIL

83

84 City
PORT CHARLOTTE

FL

85 Zip Code

33980

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* RICHARD W. LENZNER

1-11-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BEECH, BARBARA
STREET ADDRESS 14390 MEDITERRANEAN DRIVE
CITY-ST-ZIP PUNTA GORDA FL

TITLE ☐ DELETE

NAME HODGSON, DON
STREET ADDRESS 1423 B MEDITERRANEAN DR
CITY-ST-ZIP PUNTA GORDA FL

TITLE ☐ DELETE

NAME WIBLE, JOHN
STREET ADDRESS 9036 HOMER RD
CITY-ST-ZIP MILFORD CENTER OH

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME RICHARDS, JOSPEH
STREET ADDRESS 1325 HICKORY RIDGE LANE
CITY-ST-ZIP WORTHINGTON OH

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE: *Richard W. Lenzner* RICHARD W. LENZNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99- 941-627-9626

Date

Daytime Phone #

CR2E037 (1/98)