


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90112 027 ****61.25

DOCUMENT # 756374	
1. Entity Name MED. CONDO. ASSN., INC.	

1401



Principal Place of Business 2200 KINGS HWY. 3-L #43 PORT CHARLOTTE, FL 33980 US	Mailing Address 2200 KINGS HWY. 3-L #43 PORT CHARLOTTE, FL 33980 US
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2. Principal Place of Business 1439 C MEDITERRANEAN DR Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 510571 Suite, Apt. #, etc.
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04032005 Chg-NP CR2E037 (10/03)

City & State PUNTA GORDA, FL	City & State PUNTA GORDA, FL
Zip 33950	Country USA
Zip 33951	Country USA

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KUSTER, DANA 2200 KINGS HWY. 3-L #43 PORT CHARLOTTE, FL 33980	
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7. Name and Address of New Registered Agent	
Name JOAN BOLAS	
Street Address (P.O. Box Number is Not Acceptable) 1439 C MEDITERRANEAN DR	
City PUNTA GORDA	FL Zip Code 33950

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 	(NOTE: Registered Agent signature required when reappointing)	DATE
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEECH, BARBARA 14390 MEDITERRANEAN DRIVE PUNTA GORDA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, THAYLE 7427 RIDGE EDGE COURT FLORENCE, KY 41042	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOLAS, JOAN P.O. BOX 510571 PUNTA GORDA, FL 33950	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZ, RAY^{SP} 514 APACHE TRAIL EAST LAKE VILLA, IL 60046	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALHEIM, KENNY 14774 VIA TIVOLI CT. FORT LAUDERDALE, FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: 	JOAN BOLAS	5-1-05, 941.637.4779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #