## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#756374** 

1439C MEDITERRANEAN DR

PUNTA GORDA, FL 33950

FILED Apr 30, 2012 Secretary of State

Entity Name: MED. CONDO. ASSN., INC.

**Current Principal Place of Business:** 

New Principal Place of Business:

22079 KIMBLE AVENUE

PT. CHARLOTTE, FL 33952 UN

Current Mailing Address: New Mailing Address:

PO BOX 7555 22079 KIMBLE AVENUE

NORTH PORT, FL 34290 US PT. CHARLOTTE, FL 33952 UN

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BINDER, BRENDA S

1485 FITZGERALD ROAD

NORTH PORT, FL 34288 US

BINDER, BRENDA

22079 KIMBLE AVENUE

PT. CHARLOTTE, FL 33952 US

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: BRENDA S. BINDER 04/30/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: PD

Name: BOLAS, MICHAEL Address: PO BOX 510571

City-St-Zip: PUNTA GORDA, FL 33951 05

Title: TD

Name: BEHRMAN, JOAN Address: PO BOX 196

City-St-Zip: WESTPORT POINT, MA 02791

Title:

 Name:
 RICHARDS, THAYLE

 Address:
 7427 RIDGE EAST COURT

 City-St-Zip:
 FLORENCE, KY 41042

Title:

Name: ROY, JAMES

Address: 1590 S MISSISSIPPI RIVER BLVD

City-St-Zip: ST PAUL, MN 55116

Title: [

Name: SCHULTZ, RAYMOND
Address: 514 APACHE TRAIL EAST
City-St-Zip: LAKE VILLA, IL 60046

I hereby 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 all other like empowered.

SIGNATURE: H. MICHAEL BOLAS P 04/30/2012