

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90716 040 ****61.25

DOCUMENT # 756374

1. Entity Name

MED. CONDO. ASSN., INC.



Principal Place of Business

4456 TAMAMI TRAIL
PORT CHARLOTTE FL 33980
US

Mailing Address

4456 TAMAMI TRAIL
PORT CHARLOTTE FL 33980
US

11039649



2. Principal Place of Business

2200 Kings Hwy 3-L #43
Suite, Apt. #, etc.

3. Mailing Address

2200 Kings Hwy 3-L #43
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Port Charlotte FL

City & State

Port Charlotte, FL

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

Zip

33980

Country

Charlotte

Zip

33980

Country

Charlotte

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LENZNER, RICHARD W
4456 TAMAMI TRAIL
PORT CHARLOTTE FL 33980

7. Name and Address of New Registered Agent

Name

DANA KUSTER

Street Address (P.O. Box Number is Not Acceptable)

2200 Kings Hwy 3-L #43

City

Port Charlotte

FL

Zip Code

33980

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

Dana Kuster Jr DANA KUSTER JR

4-30-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

TITLE D ☒ Delete
NAME BERHMAN, ROBERT
STREET ADDRESS P O BOX 196
CITY-ST-ZIP WEST PORT POINT MA 02791

TITLE D ☒ Delete
NAME JIM, TRAYNER
STREET ADDRESS 1433 C MEDITERRANEAN
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE PD ☐ Delete
NAME DAVE, MILLER
STREET ADDRESS 1423 D MEDITERRANEAN DR
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR ☒ Change ☒ Addition
NAME MICHAEL BROWNING
STREET ADDRESS 1433 B MEDITERRANEAN
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ Change ☐ Addition
NAME ~~PROST~~ ~~DAVID~~
STREET ADDRESS DAVE MILLER
CITY-ST-ZIP

TITLE DIRECTOR ☒ Change ☒ Addition
NAME MICHAEL BOLAS
STREET ADDRESS P.O. BOX 570571
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE DIRECTOR ☒ Change ☐ Addition
NAME RAY SHULTZ
STREET ADDRESS 514 APACHE TRAIL EAST
CITY-ST-ZIP LAKE VILLA, ILLINOIS 60046

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Merle Browning MERLE BROWNING

4/30/03

941-505-7489

CR2E037 (10/02)