

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

95 MAY -1 PM 12:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 756648 (2)

1. Corporation Name

THE FLORIDA KEYS MEDICAL COMPLEX CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**8151 OVERSEAS HWY
MARATHON FL 33050**

Mailing Address

**8151 OVERSEAS HWY
MARATHON FL 33050**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1981

3a. Date of Last Report

04/27/1994

4. FEI Number

59-2033607

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

**6. Election Campaign Financing
Trust Fund Contribution**

**\$5.00 May Be
Added to Fees**

**7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status**

**\$68.75 Supplemental
Fee Not Required**

**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes**

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANKOWITZ, BARRY J. M.D.
SUITE 500, 8151 OVERSEAS HIGHWAY
MARATHON FL 33050**

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MANKOWITZ, BARRY J
STREET ADDRESS	8151 OVERSEAS HWY
CITY - ST - ZIP	MARATHON, FL 00000
TITLE	VD
NAME	EISENBARTH, JACK
STREET ADDRESS	8151 OVERSEAS HWY
CITY - ST - ZIP	MARATHON FL
TITLE	SO
NAME	FORSTER, JAMES W
STREET ADDRESS	8151 OVERSEAS HWY
CITY - ST - ZIP	MARATHON FL
TITLE	TD
NAME	WOLSZCZAK, ANDREW
STREET ADDRESS	8151 OVERSEAS HWY
CITY - ST - ZIP	MARATHON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. J. MANKOWITZ, MD

3-29-95

Date

(305) 7435544

Telephone Number