

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760850

FILED
Aug 09, 2006
Secretary of State

Entity Name: FLAGLER SQUARE MEDICAL CENTER OFFICE CONDOMINIUMASSOCIATION, INC.

Current Principal Place of Business:

1840 FOREST HILL BLVD
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

10 LA COSTA CIRCLE
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 59-2253298 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KOHN, BONNIE B.
10 LA COSTA CIRCLE
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: KOHN, PHILIP DR.
Address: 1840 FOREST HILL BLVD., #202
City-St-Zip: WEST PALM BEACH, FL 33406

Title: PD () Delete
Name: PUENTES, JACINTO
Address: 1840 FOREST HILL BLVD., #203
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VPD () Delete
Name: NUNEZ, DR. RAFAEL DR.
Address: 1840 FOREST HILL BLVD., #100
City-St-Zip: WEST PALM BEACH, FL 33406

Title: SD () Delete
Name: PLEASANTON, DAVID
Address: 1840 FOREST HILL BLVD., #205
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: GORNSTEIN, RUSSELL DR.
Address: 1840 FOREST HILL BLVD., #202
City-St-Zip: WEST PALM BEACH, FL 33406

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: NUNEZ, RAFAEL DR.
Address: 1840 FOREST HILL BLVD., #100
City-St-Zip: WEST PALM BEACH, FL 33406

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JACINTO PUENTES

P/D

08/09/2006

Electronic Signature of Signing Officer or Director

Date