

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762934

FILED
Aug 09, 2007
Secretary of State

Entity Name: DELRAY MEDICAL CENTER OFFICE CONDOMINIUM ASSOCIATION I, INC.

Current Principal Place of Business:

% TRIAX GROUP
PO BOX 6286
BOCA RATON, FL 33427

New Principal Place of Business:

% TRIAX GROUP OF SOUTH FLORIDA
3400 RABBIT HOLLOWE CIRCLE
DELRAY BEACH, FL 33445

Current Mailing Address:

% TRIAX GROUP
P.O. BOX 6286
BOCA RATON, FL 33427 US

New Mailing Address:

% TRIAX GROUP OF SOUTH FLORIDA
P.O. BOX 6286
BOCA RATON, FL 33427 US

FEI Number: 59-2264814 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:

NORTH, GLORIA O
2300 GLADES ROAD #203-E
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

NORTH, GLORIA O
5301 NORTH FEDERAL HWY
#380
BOCA RATON, FL 33437 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: _____

08/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TUBY, PETER A
Address: 5258 LINTON BLVD #201
City-St-Zip: DELRAY BEACH, FL 33484

Title: DS () Delete
Name: COHEN, HARRY M
Address: 5258 LINTON BLVD #202
City-St-Zip: DELRAY BEACH, FL 33484

Title: DVT () Delete
Name: GLASSER, KENNETH
Address: 5258 LINTON BLVD #104
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: PETER TUBY

P

08/09/2007

Electronic Signature of Signing Officer or Director

Date