

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90056 037 ****61.25

DOCUMENT # 767084

1. Entity Name
RIVER EDGE MEDICAL CENTER CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
1100 S FEDERAL HWY
STUART, FL 34994

Mailing Address
1100 S FEDERAL HWY
STUART, FL 34994

94023037



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

63-0035568

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOX, M. LANNING
1100 S FEDERAL HWY
STUART, FL 34994

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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 SD ☐ Delete
NAME GIACHINO, JUAN C.
STREET ADDRESS 421 E OSCEOLA ST.
CITY- ST- ZIP STUART, FL

TITLE VD ☐ Delete
NAME MALDONADO, CARLOS
STREET ADDRESS 421 E OSCEOLA ST.
CITY- ST- ZIP STUART, FL

TITLE PD ☐ Delete
NAME GARDNER, ALBERT E.
STREET ADDRESS 421 E OSCEOLA ST.
CITY- ST- ZIP STUART, FL

TITLE TD ☐ Delete
NAME MCCLAIN, GEORGE E.
STREET ADDRESS 421 E OSCEOLA ST.
CITY- ST- ZIP STUART, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CARLOS M. MALDONADO

2.26.04 7860080