

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2005 08:00 AM**  
**Secretary of State**

**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**



07062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**63-0035568**

Applied For  
☒ Not Applicable

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**

**DO NOT WRITE  
IN THIS SPACE**

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 September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U00000373528  
07/19/05-80002-008 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GIACHINO, JUAN C. 421 E OSCEOLA ST. STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MALDONADO, CARLOS 421 E OSCEOLA ST. STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARDNER, ALBERT E. 421 E OSCEOLA ST. STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MCLAIN, GEORGE E. 421 E OSCEOLA ST. STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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**