


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 SEP 18 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767390		
1. Entity Name COMMUNITY MEDICAL BUILDING CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business C/O COLONIAL SQUARE REALTY 1164 GOODLETTE RD NAPLES, FL 34102 US	Mailing Address C/O COLONIAL SQUARE REALTY P.O. BOX 10608 NAPLES, FL 34101 US
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2. Principal Place of Business 680 2ND AVENUE N	3. Mailing Address C/O CAMERON REAL ESTATE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NAPLES, FL	City & State NAPLES, FL
Zip 34102	Zip 34102
Country COLLIER	Country COLLIER



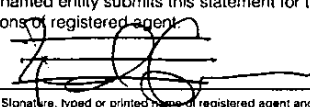
08102006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-2377888	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLONIAL SQUARE REALTY, INC. 1164 GOODLETTE RD. NAPLES, FL 34102	
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7. Name and Address of New Registered Agent Name: CAMERON REAL ESTATE SERVICES Street Address (P.O. Box Number is Not Acceptable) 1250 N. TAMiami TRAIL #101 City: NAPLES FL Zip Code: 34102	
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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 	R. Scott Cameron Registered Agent 9/4/06 DATE

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOMBILLO, JOSE 680 SECOND AVE. N, STE. 302 NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600080029606 09/21/06--01032--009 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVINE, RON 680 SECOND AVE. N, STE. 303 NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JAVIAR, JULIAN 680 SECOND AVE N, STE 203 NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	9/4/06 Date Daytime Phone #

209/20