

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 767390

1. Entity Name  
COMMUNITY MEDICAL BUILDING CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business  
680 2ND AVENUE  
NAPLES, FL 34102 US

Mailing Address  
C/O CAMERON REAL ESTATE  
1250 N TAMiami TRAIL, # 101  
NAPLES, FL 34102 US

215 ✓ FILED  
May 01, 2007 08:00 AM  
Secretary of State



04172007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2377888

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAMERON  
CAMERON REAL ESTATE SERVICES  
1250 N TAMiami TRAIL, # 101  
NAPLES, FL 34102

**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 May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
LOMBILLO, JOSE  
680 SECOND AVE. N, STE. 302  
NAPLES, FL 34102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
LEVINE, RON  
680 SECOND AVE. N, STE. 303  
NAPLES, FL 34102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
JAVIAR, JULIAN  
680 SECOND AVE N, STE 203  
NAPLES, FL 34102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

000000752305  
05/21/07-80011-006 61.25

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald Levine

4/25/07

239 261-7711

Date

Daytime Phone #