


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # 767390</b><br>1. Entity Name<br><b>COMMUNITY MEDICAL BUILDING CONDOMINIUM<br/>ASSOCIATION, INC.</b> |  |
|---|---|

|  |   |
|--|---|
| Principal Place of Business<br><b>680 2ND AVENUE<br/>NAPLES, FL 34102 US</b> | Mailing Address<br><b>C/O CAMERON REAL ESTATE<br/>1250 N TAMIAMI TRAIL, # 101<br/>NAPLES, FL 34102 US</b> |
|--|---|

**DO NOT WRITE IN THIS SPACE**



01112008 No Chg-NP CR2E037 (4/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2377888</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required               |

6. Name and Address of Current Registered Agent

**CAMER REAL ESTATE SERVICES  
1250 N TAMIAMI TRAIL, # 101  
NAPLES, FL 34102**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>U00000875991<br/>04/11/08-80055-009 61.25</b> |
|---|---|--|

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPD<br/>LOMBILLO, JOSE<br/>680 SECOND AVE. N, STE. 302<br/>NAPLES, FL 34102</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>LEVINE, RON<br/>680 SECOND AVE. N, STE. 303<br/>NAPLES, FL 34102</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>STD<br/>JAVIAR, JULIAN<br/>680 SECOND AVE N, STE 203<br/>NAPLES, FL 34102</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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IN THIS SPACE**

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:**  **3/12/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #