

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767390

FILED
Apr 14, 2009
Secretary of State

Entity Name: COMMUNITY MEDICAL BUILDING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

680 2ND AVENUE
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2377888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: R. SCOTT CAMERON

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: LOMBILLO, JOSE
Address: 680 SECOND AVE. N, STE. 302
City-St-Zip: NAPLES, FL 34102

Title: PD () Delete
Name: LEVINE, RON
Address: 680 SECOND AVE. N, STE. 303
City-St-Zip: NAPLES, FL 34102

Title: STD () Delete
Name: JAVIAR, JULIAN
Address: 680 SECOND AVE N, STE 203
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK MCHUGH

MGR

04/14/2009

Electronic Signature of Signing Officer or Director

Date