FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 23 PM 6:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768158 (8)

1. Corporation Name

PARK MEDICAL PLAZA CONDOMINIUM OWNERS ASSOCIATIO N, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4915-A SOUTH CONGRESS AVE. LAKE WORTH FL 33461	4915-A SOUTH CONGRESS AVE. LAKE WORTH FL 33461

3. Date Incorporated or Qualified: 04/26/1983
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2294671 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 328 Fairway Court
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Atlantis, Florida 33462
Zip 24 / Country 25	Zip 29 33462 / Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRANTHAM, KIRK 1010 TENTH AVE. N. LAKE WORTH FL 33460	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	XXX ☐ Change ☐ Addition
NAME	THORNE, ROSCOE M.	1.2 NAME	Roscoe M. Thorne
STREET ADDRESS	328 FAIRWAY CT.	1.3 STREET ADDRESS	Please delete, Deceased 06/24/94
CITY-ST-ZIP	ATLANTIS FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE S	Treasurer & Secretary/Director XX ☐ Change ☐ Addition
NAME	THORNE, PATRICIA G.	2.2 NAME	Patricia G. Thorne
STREET ADDRESS	2273 SARATOGA BAY DRIVE	2.3 STREET ADDRESS	328 Fairway Court
CITY-ST-ZIP	W.PALM BCH. FL	2.4 CITY-ST-ZIP	Atlantis, Florida 33462
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GRANTHAM, KIRK	3.2 NAME	
STREET ADDRESS	303 MARLBOROUGH RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, IAN	4.2 NAME	
STREET ADDRESS	4915 S CONGRESS AVE #D	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	XX ☐ Change ☐ Addition
NAME	ARMAO, MICHAEL	5.2 NAME	Delete as officer
STREET ADDRESS	4915 S CONGRESS AVE #B	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	President/Director ☐ Change XX Addition
NAME		6.2 NAME	Richard M. Johnston
STREET ADDRESS		6.3 STREET ADDRESS	5725 Corporate Way, #210
CITY-ST-ZIP		6.4 CITY-ST-ZIP	West Palm Beach, Florida 33407

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia G Thorne 4.17.95 407/965-9327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000003