FILE NOW: FILING FEE IS \$61.25

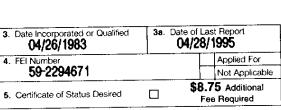
NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS 1996 **DOCUMENT # 768158** (8)PARK MEDICAL PLAZA CONDOMINIUM OWNERS ASSOCIATIO N. INC. Principal Place of Business Mailing Address 4915-A SOUTH CONGRESS AVE. 328 FAIRWAY COURT LAKE WORTH FL 33461 ATLANTIS FL 33462 US 2a. Mailing Address 2. Principal Place of Business 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc.



27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032, Zφ Country Country Zip Yes No Florida Statutes 29 30 25 24 9. Name and Address of Current Registered Agent

GRANTHAM, KIRK 1010 TENTH AVE. N. LAKE WORTH FL 33460

1	10. Name and Address of New Hegisteres Agent					
81	Name					
82	Street Address (P.O. Box Number is Not Acceptable)					
83						
84	City E1 85 Zip Code					

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

Idithi di Wit	II, and accept the obligations on section 1				
SIGNATURE _	Signature, typed or printed name of registered agent and bite 4 a	pplicable (NOT	E: Registered Agent signature required	d when reinstaling) DATE	
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	PD	DELETE	1 1 TITLE	☐ Change ☐ Ac	ddition
NAME	JOHNSTON, RICHARD M		1.2 NAME		
STREET ADDRESS	5725 CORPORATE WAY, #210		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CiTY - ST - ZIP		
TITLE	ST	DELETE	2 1 TITLE	☐ Change ☐ A	ddition
NAME	THORNE, PATRICIA G		22 NAME		
STREET ADDRESS	328 FAIRWAY COURT		2.3 STREET ADDRESS		
	ATLANTIS FL		2. 4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE	D	DELETE	3.1 TITLE	Change A	Addition
NAME	GRANTHAM, KIRK		3 2 NAME		
STREET ADDRESS	303 MARLBOROUGH RD.		3 3 STREET ADDRESS		
	W. PALM BEACH FL		3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE	VD	DELETE	4 1 TITLE	☐ Change ☐ A	Addition
NAME	THOMPSON, IAN	_	4 2 NAME		
	4915 S CONGRESS AVE #D		4 3 STREET ADDRESS		
STREET ADDRESS	LAKE WORTH FL		4.4 CITY-ST-ZIP		
CITY-ST-ZIP	DAL WORTH	DELETE	5 1 TITLE	☐ Change ☐ A	Addition
		_	52 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY - ST - ZIP		
CITY-ST-ZIP .		DELETE	61 TITLE	☐ Change ☐ A	Addition
TITLE			6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 City - St - 7/P		
	1		■ 0.6 U117 • 51 • 71°		

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 certify 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 in maged, or or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Set.

1/03/96 40

965-932-7

CR2E037 (12/95)