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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768158** (8)

1. Corporation Name

PARK MEDICAL PLAZA CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**328 FAIRWAY COURT
ATLANTIS FL 33462
US**

**4915-A SOUTH CONGRESS AVE.
LAKE WORTH FL 33461-4787**

3. Date Incorporated or Qualified
04/26/1983

3a. Date of Last Report
04/10/1996

2. Principal Place of Business

2a. Mailing Address

21 4915 South Congress Avenue

26 328 Fairway Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Lake Worth, Florida 33461

28 Atlantis, Florida 33462

Zip

Country

Zip

Country

24 **25 USA**

29 **30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANTHAM, KIRK

**1018 16TH AVE N
LAKE WORTH FL 33460**

**1860 Forest Hill Blvd
West Palm Beach, FL 33406**

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 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSTON, RICHARD M	
STREET ADDRESS	5725 CORPORATE WAY, #210	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	THORNE, PATRICIA G	
STREET ADDRESS	328 FAIRWAY COURT	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRANTHAM, KIRK	
STREET ADDRESS	303 MARLBOROUGH RD.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THOMPSON, IAN	
STREET ADDRESS	4915 S CONGRESS AVE #D	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

04/02/97

561/965-9327

CR2E037 (9/96)