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Apr 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 768158 (8)

1. Corporation Name

PARK MEDICAL PLAZA CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4915 S CONGRESS AVE
LAKE WORTH FL 33461
US

328 FAIRWAY CT
ATLANTIS FL 33462
US

3. Date Incorporated or Qualified

04/26/1983

4. FEI Number

59-2294671

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1280 Bear Island Drive

22 City & State

27 Suite, Apt. #, etc.

27 Don DeWoody
City & State
West Palm Beach FL

23 Zip Country

28 Zip Country
30 33409 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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANTHAM, KIRK
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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME JOHNSTON, RICHARD M
STREET ADDRESS 5725 CORPORATE WAY, #210
CITY-ST-ZIP WEST PALM BEACH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ST ☒ DELETE
NAME THORNE, PATRICIA G
STREET ADDRESS 328 FAIRWAY COURT
CITY-ST-ZIP ATLANTIS FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GRANTHAM, KIRK
STREET ADDRESS 303 MARLBOROUGH RD.
CITY-ST-ZIP W. PALM BEACH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME THOMPSON, IAN
STREET ADDRESS 4915 S CONGRESS AVE #D
CITY-ST-ZIP LAKE WORTH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME Secretary
STREET ADDRESS Don DeWoody
CITY-ST-ZIP 1280 Bear Island Drive

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME Treasurer
STREET ADDRESS Dan Young
CITY-ST-ZIP 1550 South Ocean Boulevard

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied in 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: DON DEWOODY

April 6, 1998 561/683-0880

CR2E037 (10/97)