


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90003 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768158

1. Corporation Name

PARK MEDICAL PLAZA CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

4915 S CONGRESS AVE
LAKE WORTH FL 33461
US

Mailing Address

~~1200 BEAR ISLAND DRIVE~~
~~910 DON DEWOODY~~
WEST PALM BEACH FL 33409
~~US~~

6 615780 5 7 8 31 *



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 7399 Shadeland Ave	04/26/1983
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	PMB #166	59-2294671
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	Indianapolis	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution
24	IN	30 USA

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNE, PATRICIA G	2.2 NAME	
STREET ADDRESS	320 FAIRWAY COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWOODY, DON	5.2 NAME	
STREET ADDRESS	1280 BEAR ISLAND DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, DAN	6.2 NAME	
STREET ADDRESS	4550 SOUTH OCEAN BOULEVARD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MANALAPAN FL 33480	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-9-99 317-577-2413

CR2E037 (5/99)