

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90048 047 \*\*\*\*61.25

<b>DOCUMENT # 768158</b>					
<b>1. Entity Name</b> PARK MEDICAL PLAZA CONDOMINIUM OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4915 S CONGRESS AVE LAKE WORTH, FL 33461 US			<b>Mailing Address</b> 7399 SHADELAND AVE PMB #166 INDIANAPOLIS, IN US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 129 Turnberry Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Atlantis FL			
Zip	Country	Zip 33462	Country USA	<b>4. FEI Number</b> 59-2294671	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> GRANTHAM, KIRK 1880 FOREST HILL BLVD WEST PALM BEACH, FL 33406			<b>7. Name and Address of New Registered Agent</b> Name JONATHAN PACE Street Address (P.O. Box Number is Not Acceptable) 129 TURNBERRY DRIVE City ATLANTIS FL 33462		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> GRANTHAM, KIRK <b>STREET ADDRESS</b> 303 MARLBOROUGH RD. <b>CITY-ST-ZIP</b> W. PALM BEACH, FL	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PT <b>NAME</b> Frederick Chalker <b>STREET ADDRESS</b> 137 Turnberry Dr <b>CITY-ST-ZIP</b> Atlantis, FL 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> THOMPSON, IAN <b>STREET ADDRESS</b> 4915 S CONGRESS AVE #D <b>CITY-ST-ZIP</b> LAKE WORTH, FL	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VPS <b>NAME</b> JONATHAN PACE <b>STREET ADDRESS</b> 129 TURNBERRY DR. <b>CITY-ST-ZIP</b> Atlantis, FL 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> PTS <b>NAME</b> YOUNG, DAN <b>STREET ADDRESS</b> 4001 S DECATUR BLVD 37-314 <b>CITY-ST-ZIP</b> LAS VEGAS, NV 89163	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>					
Date				Daytime Phone #	

94058954



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