


**- 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Feb 01, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # 768158</b> 1. Entity Name PARK MEDICAL PLAZA CONDOMINIUM OWNERS ASSOCIATION, INC.	
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Principal Place of Business 4915 S CONGRESS AVE LAKE WORTH, FL 33461 US	Mailing Address 129 TURNBERRY DR ATLANTIS, FL 33462 US
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01272008 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2294671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  PACE, JONATHAN 129 TURNBERRY DR ATLANTIS, FL 33462
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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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CHALKER, FREDERICK 137 TURNBERRY DR ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PACE, JONATHAN 129 TURNBERRY DR ATLANTIS, FL 33462
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02/11/06-80036-012 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**SIGNATURE:** Frederick Chalker 1-27-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #