
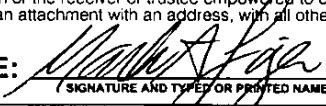


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90419 022 ****61.25

DOCUMENT # N00000000795 1. Entity Name GULFCOAST MEDICAL ARTS CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1890 SW HEALTH PKWY NAPLES, FL 34109 US			Mailing Address %COLONIAL SQUARE REALTY P.O. BOX 10608 NAPLES, FL 34101 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3630326				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SOLDAVINI, BRIGID D 5455 JAEGER RD. NAPLES, FL 34109			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JENSEN, OLVID		NAME		
STREET ADDRESS	1890 SW HEALTH PKWY #105		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUMPHREY, WENDY		NAME	STD	
STREET ADDRESS	1890 SW HEALTH PKWY., #303		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOE, SEIN		NAME	AD	
STREET ADDRESS	1890 SW HEALTH PKWY #102		STREET ADDRESS	mark singer	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	1890 SW Health Pkwy #104	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	Naples FL 34109	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			MARK A. SINGER		
<small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>			4-5-06 <small>Date</small>		
			<small>Daytime Phone #</small>		