




**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

60024923

<b>DOCUMENT # N00000000795</b>						04-16-2008 90037 004 ****61.25	
1. Entity Name <b>GULF COAST MEDICAL ARTS CENTER CONDOMINIUM ASSOCIATION, INC.</b>				60024923			
Principal Place of Business <b>1890 SW HEALTH PKWY NAPLES, FL 34109 US</b>				Mailing Address <b>%COLONIAL SQUARE REALTY P.O. BOX 10608 NAPLES, FL 34101 US</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-3630326</b>				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 <b>SOLDAVINI, BRIGID D 5455 JAEGER RD. NAPLES, FL 34109</b>				7. Name and Address of New Registered Agent Name <b>Colonial Square Realty Inc</b> Str. <b>1048 Goodlette Rd, Suite 201</b> City <b>Naples</b> FL Zip Code <b>34102</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.							
SIGNATURE  <b>Clifford Olson</b>				DATE <b>4/7/08</b>			
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD JENSEN, OLVIND 1890 SW HEALTH PKWY #105 NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GAUTA, JOSEPH 1890 SW HEALTH PKWY #205 NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Singer Mark 1890 SW Health Parkway #104 Naples FL 34109</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MOE, SEIN 1890 SW HEALTH PKWY #102 NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Humphrey Wendy 1890 SW Health Parkway #303 Naples FL 34109</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  <b>Clifford Olson</b>				DATE <b>4/7/08</b> 239-261-2627			