

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000795

FILED  
Feb 19, 2010  
Secretary of State

**Entity Name:** GULFCOAST MEDICAL ARTS CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1890 SW HEALTH PKWY  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O COLONIAL SQUARE REALTY  
P.O. BOX 10608  
NAPLES, FL 34101 US

**New Mailing Address:**

FEI Number: 59-3630326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLONEL SQUARE REALTY, INC  
1048 GOODLETTE RD, STE. 201  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

COLONIAL SQUARE REALTY, INC  
1048 GOODLETTE RD, STE. 201  
NAPLES, FL 34102 US

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.

SIGNATURE: CLIFFORD OLSON

02/19/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: JENSEN, OLVIND  
Address: 1890 SW HEALTH PKWY #105  
City-St-Zip: NAPLES, FL 34109

Title: PD  
Name: SINGER, MARK  
Address: 1890 SW HEALTH PKWY. #104  
City-St-Zip: NAPLES, FL 34109

Title: VD  
Name: HUMPHREY, WENDY  
Address: 1890 SW HEALTH PARKWAY #303  
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK SINGER

PD

02/19/2010

Electronic Signature of Signing Officer or Director

Date