

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000795

FILED
Feb 20, 2012
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:

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

FEI Number: 59-3630326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COLONIAL SQUARE MANAGEMENT GROUP
720 GOODLETTE RD, 5TH FLOOR
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

02/20/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: S/T
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

PRES

02/20/2012

Electronic Signature of Signing Officer or Director

Date