

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

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90174 043 \*\*\*\*61.25

**DOCUMENT # N03000001157**

1. Entity Name  
CONGRESS MEDICAL CENTER CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business  
3701 FAU BLVD  
SUITE 205  
BOCA RATON, FL 33431

Mailing Address  
3701 FAU BLVD  
SUITE 205  
BOCA RATON, FL 33431



01192006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
61-1442653

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HEAD, THOMAS *A.*  
3701 FAU BLVD  
SUITE 205  
BOCA RATON, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

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. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEAD, THOMAS A 3701 FAU BLVD SUITE 205 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HEAD, THOMAS S 3701 FAU BLVD SUITE 205 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MURDOCH, RICHARD A 700 S FEDERAL HWY STE 200 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STEINBERG, FRED 3848 FAU BLVD STE 200 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Thomas A Head* 1/20/06 561-347-6915  
Date Daytime Phone #