

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

**DOCUMENT # N03000006869**

**1. Entity Name**  
SEACREST MEDICAL TOWER CONDOMINIUM  
ASSOCIATION, INC.



**Principal Place of Business**  
2298 N.W. SECOND AVENUE, #21  
BOCA RATON, FL 33431

**Mailing Address**  
2298 N.W. SECOND AVENUE, #21  
BOCA RATON, FL 33431

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**



01132006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
20-0835120 **Applied For**  
Not Applicable

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

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

ROSENTHAL, STUART S  
404 EAST ATLANTIC BOULEVARD, SUITE 101  
POMPANO BEACH, FL 33060-6258

**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** PSTD  
**NAME** SOLIS, FRANCISCO A  
**STREET ADDRESS** 2298 N.W. SECOND AVENUE, #21  
**CITY-ST-ZIP** BOCA RATON, FL 33431

**TITLE** VD  
**NAME** SOLIS, OLGA  
**STREET ADDRESS** 2298 N.W. SECOND AVENUE, #21  
**CITY-ST-ZIP** BOCA RATON, FL 33431

**TITLE** D  
**NAME** ROSENTHAL, STUART S  
**STREET ADDRESS** 404 EAST ATLANTIC BLVD., SUITE 101  
**CITY-ST-ZIP** POMPANO BEACH, FL 330606258

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

000000427742  
02/21/06-80020-016 61.25

**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:**

*Francisco A. Solis* PSTD - FRANCISCO A. SOLIS 2/6/06 750-3004 <sup>561</sup>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone