

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007279

FILED
Apr 30, 2007
Secretary of State

Entity Name: SEVENTH AVENUE NORTH MEDICAL BUILDING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

681 GOODLETTE ROAD NORTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

6225 PRESIDENTIAL COURT
SUITE C
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 20-0329962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, KEVIN M
6060 22 AVE NW
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

BURNS, CHARLES J
8665 BAY COLONY DRIVE
UNIT #904
NAPLES, FL 34108 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: CHARLES J. BURNS

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BURNS, KEVIN
Address: 6060 22 AVE NW
City-St-Zip: NAPLES, FL 34119

Title: DV () Delete
Name: BURNS, CHARLES J
Address: 6060 22 AVE NW
City-St-Zip: NAPLES, FL 34119

Title: DST (X) Delete
Name: BURNS, JUDITH K
Address: 6060 22 AVE NW
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BURNS, CHARLES J
Address: 8665 BAY COLONY DRIVE #904
City-St-Zip: NAPLES, FL 34108

Title: DST (X) Change () Addition
Name: BURNS, JUDITH K
Address: 8665 BAY COLONY DRIVE #904
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES J. BURNS

DP

04/30/2007

Electronic Signature of Signing Officer or Director

Date