2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
May 02, 2005
Secretary of State

DOCUMENT# N03000009069

Entity Name: NORTHSIDE MEDICAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1201 NORTH PARROTT AVENUE
OKEECHOBEE, FL 34972

New Principal Place of Business:

1201 N. PARROTT AVE.
OKEECHOBEE, FL 34972

Current Mailing Address:

1201 NORTH PARROTT AVENUE
OKEECHOBEE, FL 34972

New Mailing Address:

301 N.W. 4TH AVE.
OKEECHOBEE, FL 34972

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CLOSE, CHRIS
1201 NORTH PARROTT AVENUE
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

CLOSE, THOMAS C
301 N.W. 4TH AVE.
OKEECHOBEE, FL 34972 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: THOMAS C. CLOSE 05/02/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CLOSE, CHRIS
Address: 1201 NORTH PARROTT AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

Title: VD ( ) Delete
Name: CLOSE, THOMAS
Address: 1201 NORTH PARROTT AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

Title: STD ( ) Delete
Name: MANN, LINDA
Address: 1201 NORTH PARROTT AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CLOSE, THOMAS C
Address: 301 N.W. 4TH AVE.
City-St-Zip: OKEECHOBEE, FL 34972

Title: VD (X) Change ( ) Addition
Name: CLOSE, THOMAS L
Address: 301 N.W. 4TH AVE.
City-St-Zip: OKEECHOBEE, FL 34972

Title: STD (X) Change ( ) Addition
Name: MANN, LINDA
Address: 301 N.W. 4TH AVE.
City-St-Zip: OKEECHOBEE, FL 34972

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS C. CLOSE PD 05/02/2005
Electronic Signature of Signing Officer or Director Date