

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005418

FILED
Apr 29, 2005
Secretary of State

Entity Name: MEDICAL ARTS AT VILLAGE CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1166 WEST NEWPORT CENTER DR.
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1166 WEST NEWPORT CENTER DR.
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, JAMES
1166 WEST NEWPORT CENTER DR.
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: YOUNG, JAMES
Address: 1166 WEST NEWPORT CENTER DR.
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: YOUNG, JAMES
Address: 1166 WEST NEWPORT CENTER DR.
City-St-Zip: DEERFIELD BEACH, FL 33442

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: JAMES L. YOUNG

MR.

04/29/2005

Electronic Signature of Signing Officer or Director

Date