
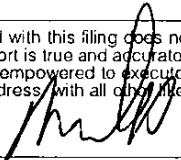


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90185 038 ****61.25

DOCUMENT # N04000006051 1. Entity Name OKEECHOBEE MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1713 HWY. 441 N. SUITE A OKEECHOBEE FL 34972				Mailing Address 1713 HWY. 441 N. SUITE A OKEECHOBEE FL 34972	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MAVROIDES, CHRISTOPHER 1713 HWY. 441 N. SUITE A OKEECHOBEE FL 34972				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> <div style="float: right;">DATE _____</div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARAIN, SHAKOOR		NAME		
STREET ADDRESS	1713 HWY. 441 N. SUITE A		STREET ADDRESS		
CITY - ST - ZIP	OKEECHOBEE FL 34972		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAVROIDES, CHRISTOPHER		NAME		
STREET ADDRESS	1713 HWY. 441 N. SUITE A		STREET ADDRESS		
CITY - ST - ZIP	OKEECHOBEE FL 34972		CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAVROIDES, BONNIE		NAME		
STREET ADDRESS	1713 HWY. 441 N. SUITE A		STREET ADDRESS		
CITY - ST - ZIP	OKEECHOBEE FL 34972		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 duly empowered.					
SIGNATURE:  christopher J. Mauroides 4/17/07 863-763-5666					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					