2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2010
Secretary of State

DOCUMENT# N04000006051

Entity Name: OKEECHOBEE MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1713 HWY. 441 N. SUITE A
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

1713 HWY. 441 N. SUITE A
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 20-8244780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAVROIDES, CHRISTOPHER
1713 HWY. 441 N. SUITE A
OKEECHOBEE, FL 34972 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: PD
Name: ARAIN, SHAKOOR
Address: 1713 HWY. 441 N. SUITE A
City-St-Zip: OKEECHOBEE, FL 34972

Title: VD
Name: MAVROIDES, CHRISTOPHER
Address: 1713 HWY. 441 N. SUITE A
City-St-Zip: OKEECHOBEE, FL 34972

Title: STD
Name: MAVROIDES, BONNIE
Address: 1713 HWY. 441 N. SUITE A
City-St-Zip: OKEECHOBEE, FL 34972

I hereby 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 all other like empowered.

SIGNATURE: BONNIE MAVROIDES STD 03/30/2010

Electronic Signature of Signing Officer or Director Date