


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90061 013 ****61.25

DOCUMENT # N04000010297 1. Entity Name METRO MEDICAL CONDOMINIUM ASSOCIATION, INC.	
--	---

Principal Place of Business
14271 METROPOLIS AVE
SUITE A
FORT MYERS, FL 33912

Mailing Address
14271 METROPOLIS AVE
SUITE A
FORT MYERS, FL 33912



07202006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1963724

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KNOTT, GEORGE H ESQ.
1625 HENDRY STREET, SUITE 301
FORT MYERS, FL

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAERF, FREDERICK M.D. 14271 METROPOLIS AVE STE A FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALPREN, EDWARD W.D.O. 14271 METROPOLIS AVE STE A FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALPREN, MARISA A 14271 METROPOLIS AVE STE A FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Melissa C. SCHAERF 14271 METROPOLIS AVE STE A FT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Frederick Schauf 7-21-06 2399397979