

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002939

FILED
Apr 29, 2009
Secretary of State

Entity Name: GLADES MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ATTN: MARK A. GENSHEIMER
1515 NORTH FEDERAL HIGHWAY #306
BOCA RATON, FL 33432

New Principal Place of Business:

9325 GLADES ROAD
BOCA RATON, FL 33434

Current Mailing Address:

ATTN: MARK A. GENSHEIMER
1515 NORTH FEDERAL HIGHWAY #306
BOCA RATON, FL 33432

New Mailing Address:

1515 NORTH FEDERAL HIGHWAY
SUITE 306
BOCA RATON, FL 33432

FEI Number: 20-2587255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL B. KIRSCHNER, P.A.
1515 N FEDERAL HWY STE 314
BOCA RATON, FL 33432 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 () Delete
Name: SIROF, BRUCE
Address: 1515 NORTH FEDERAL HIGHWAY #306
City-St-Zip: BOCA RATON, FL 33432

Title: STD () Delete
Name: SCHIFANO, ROBERT
Address: 1515 NORTH FEDERAL HIGHWAY #306
City-St-Zip: BOCA RATON, FL 33432

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROWEN, ROBERT
Address: 9325 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33434

Title: SEC (X) Change () Addition
Name: MORAES, BRIAN
Address: 9325 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33434

Title: TRES () Change (X) Addition
Name: DUDAK, SCOTT
Address: 9325 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33434

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT ROWEN

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date