

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 13 AM 11:02

DOCUMENT # N05000012192

1. Entity Name
FORT WALTON BEACH MEDICAL ARTS BUILDING I
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2300 GLADES RD., STE. 100E
BOCA RATON, FL 33431

Mailing Address
2300 GLADES RD., STE. 100E
BOCA RATON, FL 33431

REINSTATEMENT 06



2. Principal Place of Business

1765 E Nine Mile Rd

Suite, Apt. #, etc.

Ste 1, 334

City & State

Pensacola, FL

Zip

32514

Country

USA

3. Mailing Address

1765 E Nine Mile Rd

Suite, Apt. #, etc.

Ste 1, Box 334

City & State

Pensacola, FL

Zip

32514

Country

USA

11072006 REIN-NP

CR2E099 (11/05)

4. FEI Number

86-1159914

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHEELER, JAMES J.
7777 GLADES RD., STE. 300
BROAD AND CASSEL
BOCA RATON, FL 33434

7. Name and Address of New Registered Agent

Name

Russell Madison, Sr. Property Mgr

Street Address (P.O. Box Number is Not Acceptable)

c/o Lincoln Harris C96

City

Pensacola

FL

Zip Code

32514

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

Russell Madison

(NOTE: Registered Agent signature required when reinstating)

DATE

11/7/06

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DPST ☒ Delete
NAME BIRDSONG, KENNETH
STREET ADDRESS 2300 GLADES RD., STE. 100E
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D ☒ Delete
NAME MCCLELLAN, JOHN
STREET ADDRESS 2300 GLADES RD., STE. 100E
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D ☒ Delete
NAME LIGETI, GEORGE
STREET ADDRESS 2300 GLADES RD., STE. 100E
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME Joseph Pedone, M.D.
STREET ADDRESS 129 Redstone Avenue, Ste. A
CITY-ST-ZIP Crestview, FL 32539

TITLE V ☒ Change ☐ Addition
NAME Gary Tenczar
STREET ADDRESS 1000 Mar Walt Drive
CITY-ST-ZIP Ft. Walton Beach, FL 32547

TITLE T ☒ Change ☐ Addition
NAME Althea Reeves
STREET ADDRESS 1032 Mar Walt Drive, Ste. 200
CITY-ST-ZIP Ft. Walton Beach, FL 32547

TITLE ☐ Change ☐ Addition
NAME 800081717488
STREET ADDRESS 11/13/05--01020--001 **245.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Gary Tenczar

11/9/06 (850)

Date

Daytime Phone #