SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $400)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -6 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06633 (4)

1. Corporation Name

DELRAY MEDICAL CENTER OFFICE CONDOMINIUM ASSOCIATION III, INC.

Principal Place of Business	Mailing Address
C/O THE TRIAX GROUP INC. P.O. BOX 6286 BOCA RATON FL 33427-3286	C/O THE TRIAX GROUP INC. P.O. BOX 6286 BOCA RATON FL 33427-3286

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2763377 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. The corporation has liability for chargeable tax under s. 199.032. Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

LUTTGE, SCOTT K.
5162 LINTON ROAD
DELRAY BCH FL 33445

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ NOTE: Registered Agent signature required when applicable. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~DV~~ S/T/D	11 TITLE	☐ Change ☐ Addition
NAME	LUTTGE, SCOTT K.	12 NAME	
STREET ADDRESS	5162 LINTON BLVD.	13 STREET ADDRESS	
CITY ST ZIP	DELRAY BCH. FL	14 CITY ST ZIP	
TITLE	SD	21 TITLE	V/D ☒ Change ☐ Addition
NAME	KATZIN, ROY	22 NAME	SCHWARTZFARB, DAVID
STREET ADDRESS	5162 LINTON BLVD.	23 STREET ADDRESS	5162 LINTON BLVD.
CITY ST ZIP	DELRAY BCH. FL	24 CITY ST ZIP	DELRAY BEACH FL
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	WARREN, MARK G.	32 NAME	
STREET ADDRESS	5162 LINTON BLVD.	33 STREET ADDRESS	
CITY ST ZIP	DELRAY BCH. FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E037 (3/95)

14. I (we) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)

00117225