

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06633

1. Entity Name

DELRAY MEDICAL CENTER OFFICE CONDOMINIUM ASSOCIA

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90047 043 \*\*\*\*70.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2763377

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOLER, KENNETH T  
3400 RABBIT HOLLOWE CIRCLE  
DELRAY BEACH FL 33448

Name

Gloria O. North

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

2300 GLADES ROAD #203-E

City

Boca Raton

FL

Zip Code

33431

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.

SIGNATURE

Gloria O. North

2/23/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME WARREN, MARK G.  
STREET ADDRESS 5162 LINTON BLVD.  
CITY-ST-ZIP DELRAY BCH. FL

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

TITLE D/VP ☐ Delete  
NAME FRIEDMAN, STUART  
STREET ADDRESS 5162 LINTON BLVD  
CITY-ST-ZIP DELRAY BEACH FL 33484

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

TITLE DST ☐ Delete  
NAME KRAUSE, JOSEPH  
STREET ADDRESS 5162 LINTON BLVD  
CITY-ST-ZIP DELRAY BEACH FL 33484

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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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 exemption stated in Section 119.07(3)(i), 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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/00 561-999-8889

CR2E037 (9/99)