

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90062 026 ****61.25

DOCUMENT # N10146

1. Entity Name

ORANGE PARK MEDICAL PLAZA CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

C/O ROBERT KRIEGER
2001 KINGSLEY AVENUE
ORANGE PARK, FL 32073 US

Mailing Address

767 BLANDING BLVD
103
ORANGE PARK, FL 32073 US

DO NOT WRITE IN THIS SPACE



04252005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-2614291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EASLEY, MARSHA A
2001 KINGSLEY AVENUE
ORANGE PARK, FL 32073

**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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOHSE, DEAN M.D.
STREET ADDRESS 2001 KINGSLEY AVE.
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE VD
NAME MAZRAHI, EDWARD M.D.
STREET ADDRESS 2001 KINGSLEY AVE.
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE STD
NAME EASLEY, MARSHA A
STREET ADDRESS 2001 KINGSLEY AVENUE
CITY-ST-ZIP ORANGE PARK, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #