2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2006
Secretary of State

DOCUMENT# N10352

Entity Name: GARDENS MEDICAL PARK OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% NEIL S OZER
3355 BURNS RD #207
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

% NEIL S OZER
3355 BURNS RD #207
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 59-2792308 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OZER, NEIL S
3355 BURNS ROAD
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

OZER, NEIL S
3355 BURNS ROAD
SUITE 207
PALM BEACH GARDENS, FL 33410 US

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: NEIL S OZER 02/11/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete
Name: OZER, NEIL S,
Address: 3355 BURNS ROAD
City-St-Zip: PALM BEACH GRDNS, FL

Title: TD ( ) Delete
Name: CUSTURERI, FRANK
Address: 3355 BURNS ROAD
City-St-Zip: PALM BEACH GARDENS, FL

Title: VD ( ) Delete
Name: MAROLIES, RICHARD PRICE
Address: 3355 BURNS RD
City-St-Zip: PALM BEACH GRDNS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: WEINSTOCK, RICHARD
Address: 3355 BURNS RD
City-St-Zip: PALM BEACH GRDNS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the 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: NEIL S OZER PRES 02/11/2006
Electronic Signature of Signing Officer or Director Date