2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# N11339

Entity Name: GLADES MEDICAL PLAZA OF BOCA RATON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1590 N.W. 10TH AVENUE
#300
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

412 SE 18TH ST
FORT LAUDERDALE, FL 33316 US

New Mailing Address:

FEI Number: 59-2636174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMBROSE, JOHN M PM
412 SE 18TH ST
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

HANCOCK, JOHN T DR.
1590 NW 10TH AVE
303
BOCA RATON, FL 33486 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: JOHN T. HANCOCK 01/11/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HANCOCK, JOHN T
Address: 1590 NW 10TH AVE
City-St-Zip: BOCA RATON, FL 33486

Title: DV ( ) Delete
Name: KARR, GEORGE
Address: 1590 N.W. 10TH AVENUE,
City-St-Zip: BOCA RATON, FL 33486

Title: DST ( ) Delete
Name: GONSKY, ED
Address: 1590 NW 10TH AVENUE
City-St-Zip: BOCA RATON, FL 33486

Title: D ( ) Delete
Name: MIKHAIL, MONGI
Address: 1590 NW 10TH AVENUE
City-St-Zip: BOCA RATON, FL 33486

Title: D ( ) Delete
Name: DELACRUZ, JOSE
Address: 1590 NW 10TH AVENUE
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: JOHN HANCOCK DP 01/11/2006
Electronic Signature of Signing Officer or Director Date