

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N12712 (8)

1. Corporation Name

NORTHWEST MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2801 NORTH STATE ROAD 7  
MARGATE FL 33063  
US

Mailing Address

2801 NORTH STATE ROAD 7  
MARGATE FL 33063  
US



3. Date Incorporated or Qualified  
12/23/1985

3a. Date of Last Report  
03/08/1995

4. FEI Number  
61-1259843

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCIALDONE, MICHAEL  
2801 NORTH STATE ROAD 7  
5801 COLONIAL DR  
MARGATE FL 33063

Donald B. Jaffee, CFO

81 Name  
Donald B. Jaffee, CFO  
82 Street Address (P.O. Box Number is Not Acceptable)  
2801 N. State Road 7

83 City  
Margate

FL

85 Zip Code  
33063

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, 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

*[Signature]*

DONALD B. JAFFEE, CFO

*[Signature]*

GINA BECKER, COO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VO	DELETE
NAME	FEILER, KEN	
STREET ADDRESS	2694 MEADOWOOD COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	U	DELETE
NAME	ZUCKER, STEVE	
STREET ADDRESS	2315 DOVER	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	TSO	DELETE
NAME	SCIALDONE, MICHAEL	
STREET ADDRESS	5273 NORTHWEST 54TH AVENUE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	U	DELETE
NAME	GUIDA, CAROLYN E.	
STREET ADDRESS	3 GATEHOUSE RD	
CITY-ST-ZIP	SEA RANCH LAKES FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	Ms. Gina Becker, COO	Change	Addition
2.2 NAME	10138 152 Court, South		
2.3 STREET ADDRESS	Boca Raton, FL 33498		
2.4 CITY-ST-ZIP			
3.1 TITLE	Donald B. Jaffee, CFO	Change	Addition
3.2 NAME	2801 N. State Road 7		
3.3 STREET ADDRESS	Margate, FL 33063		
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	900001903865	Change	Addition
5.2 NAME	-07/25/96--01004--045		
5.3 STREET ADDRESS	***61.25		
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH H. FEILER, CFO

6/25/96

Date

954-978-4000

Daytime Phone #

CR2E037 (3/96)