

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12712

1. Entity Name

NORTHWEST MEDICAL PLAZA CONDOMINIUM ASSOCIATION,

Principal Place of Business

2801 NORTH STATE ROAD 7  
MARGATE FL 33063  
US

Mailing Address

2801 NORTH STATE ROAD 7  
MARGATE FL 33063  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1259843

Applied For

Not Applicable

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

~~JAFFEE, DONALD B~~  
~~2801 NORTH STATE ROAD 7~~  
~~MARGATE FL 33063~~

Dick, Lynn CFO  
2801 N. State Road 7  
Margate, FL 33063

Name

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

City

FL

Zip Code

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MELBY, GINA  
2801 N. STATE ROAD 7  
MARGATE FL 33063 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JAFFEE, DONALD B CFO  
2801 NORTH STATE ROAD 7  
MARGATE FL 33063 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Dick, Lynn CFO  
2801 N. State Road 7  
Margate, FL 33063 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SWATZ, MARY LYNN  
2801 NORTH STATE ROAD 7  
MARGATE FL 33063 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Swartz, Mary Lynn  
2801 N. State Road 7  
Margate, FL 33063 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 REQUIRED  
Lynn Dick, CFO

1/10/01 978-4005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)