

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12712

FILED
Aug 26, 2004
Secretary of State**Entity Name:** NORTHWEST MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2801 NORTH STATE ROAD 7
MARGATE, FL 33063 US**New Principal Place of Business:****Current Mailing Address:**2801 NORTH STATE ROAD 7
MARGATE, FL 33063 US**New Mailing Address:****FEI Number:** 61-1259843**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DICK, LYNN CFO
2801 N STATE ROAD 7
MARGATE, FL 33063 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: MELBY, GINA
Address: 2801 N. STATE ROAD 7
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: DICK, LYNN
Address: 2801 NORTH STATE ROAD 7
City-St-Zip: MARGATE, FL 33063 US

Title: D () Delete
Name: SWATZ, MARY LYNN
Address: 2801 NORTH STATE ROAD 7
City-St-Zip: MARGATE, FL 33063

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DICK LYNN

D

08/26/2004

Electronic Signature of Signing Officer or Director

Date