

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15580

FILED
Jan 08, 2007
Secretary of State

Entity Name: FIFTEEN HUNDRED MEDICAL OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1500 NW 10TH AVE
SUITE 101
BOCA RATON, FL 33486 US

New Principal Place of Business:

1500 NW 10TH AVE
SUITE 103
BOCA RATON, FL 33486 US

Current Mailing Address:

C/O GEM MAINTENANCE & MANAGEMENT, INC.
20423 STATE ROAD 7, F6 PMB 288
BOCA RATON, FL 33498 US

New Mailing Address:

FEI Number: 59-2697111 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HCRM CORP.
2200 CORPORATE BLVD, NW, STE 401
BOCA RATON,, FL 33431 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: DP () Delete
Name: POLLACK, ELYSE,
Address: 1500 NW 10TH AVE #103
City-St-Zip: BOCA RATON, FL

Title: D () Delete
Name: POLLACK, STEVEN
Address: 1500 NW 10TH AVE #103
City-St-Zip: BOCA RATON, FL

Title: D () Delete
Name: GREENE, JONATHAN,
Address: 1500 NW 10TH AVE #101
City-St-Zip: BOCA RATON, FL

Title: DVPT () Delete
Name: BAILYN, RICHARD,
Address: 1500 NW 10 AVE #105
City-St-Zip: BOCA RATON, FL

Title: D () Delete
Name: JACOBSON, SAMUEL S MD
Address: 1500 NW 10TH AVE
City-St-Zip: BOCA RATON, FL 33486

Title: S () Delete
Name: VINICK, BRYAN,
Address: 1500 NW 10 AVE #205
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: IDE, RUDI
Address: 1500 NW 10TH AVE #201
City-St-Zip: BOCA RATON, FL

Title: D (X) Change () Addition
Name: BAILYN, RICHARD,
Address: 1500 NW 10 AVE #105
City-St-Zip: BOCA RATON, FL

Title: D (X) Change () Addition
Name: FRIEND, HAROLD MD
Address: 1500 NW 10TH AVE
City-St-Zip: BOCA RATON, FL 33486

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: ELYSE POLLACK

DP

01/08/2007

Electronic Signature of Signing Officer or Director

Date