

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90185 020 ****61.25

DOCUMENT # N28432					
1. Entity Name ORANGE PARK MEDICAL PLAZA II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1895 KINGSLEY AVE. SUITE 1005 ORANGE PARK, FL 32073			Mailing Address PO BOX 1600 ORANGE PARK, FL 32067		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARRINGTON, TERESA 358 STILES AVENUE ORANGE PARK, FL 32073				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Teresa Harrington</i>				DATE <i>4-24-07</i>	
Signature, typed or printed name of registered agent, and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<i>Vice President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSBORG, DAVID A			NAME	
STREET ADDRESS	1895 KINGSLEY AVE STE 703			STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<i>Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESQUIVIA-MUNOZ, CARLOS			NAME	
STREET ADDRESS	1895 KINGSLEY AVE., STE., 701			STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32073			CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHAMED, ANTAR H			NAME	
STREET ADDRESS	1895 KINGSLEY AVE STE 801			STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32073			CITY-ST-ZIP	
TITLE	VCOO	<input type="checkbox"/> Delete		TITLE	<i>Treasurer</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUZARIETA, AURELIO A			NAME	
STREET ADDRESS	PO BOX 1600			STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32067			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Teresa Harrington</i>				DATE: <i>4-24-07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE #: <i>904-215-2256</i>	

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