

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**

40000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2916991

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**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

Teresa Harrington

4-24-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
MOSBORG, DAVID A
1895 KINGSLEY AVE STE 703
ORANGE PARK, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Vice President ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VD
ESQUIVIA-MUNOZ, CARLOS
1895 KINGSLEY AVE., STE., 701
ORANGE PARK, FL 32073 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
STD
MOHAMED, ANTAR H
1895 KINGSLEY AVE STE 801
ORANGE PARK, FL 32073 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VCOO
MUZAUARIETA, AURELIO A
PO BOX 1600
ORANGE PARK, FL 32067 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Treasurer ☒ 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 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:

Teresa Harrington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-07

Date

904-215-2256

Daytime Phone #