

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28432

FILED
Apr 24, 2009
Secretary of State

Entity Name: ORANGE PARK MEDICAL PLAZA II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1895 KINGSLEY AVE.
SUITE 1005
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

PO BOX 1600
ORANGE PARK, FL 32067

New Mailing Address:

FEI Number: 59-2916991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRINGTON, TERESA
358 STILES AVENUE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

HARRINGTON, TERESA
328 STILES AVENUE
ORANGE PARK, FL 32073 US

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: TERESA HARRINGTON

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MOSBORG, DAVID A
Address: 1895 KINGSLEY AVE STE 703
City-St-Zip: ORANGE PARK, FL

Title: D () Delete
Name: ESQUIVIA-MUNOZ, CARLOS
Address: 1895 KINGSLEY AVE., STE., 701
City-St-Zip: ORANGE PARK, FL 32073

Title: P () Delete
Name: MOHAMED, ANTAR H
Address: 1895 KINGSLEY AVE STE 801
City-St-Zip: ORANGE PARK, FL 32073

Title: T () Delete
Name: MUZAURIETA, AURELIO A
Address: PO BOX 1600
City-St-Zip: ORANGE PARK, FL 32067

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: DAVID MOSBERG

VP

04/24/2009

Electronic Signature of Signing Officer or Director

Date