

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32007

FILED
Mar 09, 2009
Secretary of State

Entity Name: DANIEL MEDICAL CENTER OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O CAPITAL REALTY ADVISORS
3400 RABBIT HOLLOWE CIRCLE
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

C/O CAPITAL REALTY ADVISORS
600 SANDTREE DRIVE, SUITE 109
PALM BEACH GARDENS, FL 33403 US

Current Mailing Address:

C/O TRIAX GROUP OF SOUTH FLORIDA
600 SANDTREE DR STE 109
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

C/O CAPITAL REALTY ADVISORS
600 SANDTREE DRIVE, SUITE 109
PALM BEACH GARDENS, FL 33403 US

FEI Number: 65-0277901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITAL REALTY ADVISORS, INC.
600 SANDTREE DR STE 109
WEST PALM BEACH, FL 33403 US

Name and Address of New Registered Agent:

CAPITAL REALTY ADVISORS, INC.
600 SANDTREE DRIVE, SUITE 109
PALM BEACH GARDENS, FL 33403 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: DONNA MCDONALD

03/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: LEWIS, MICHAEL
Address: 1000 N.W. 9TH COURT, #204
City-St-Zip: BOCA RATON, FL 33486

Title: DVP () Delete
Name: SILFEN, FREDERICK
Address: 1000 N.W. 9TH COURT, #103
City-St-Zip: BOCA RATON, FL 33486

Title: DP () Delete
Name: COPULOS, THOMAS
Address: 1000 N.W. 9TH COURT
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DP (X) Change () Addition
Name: COPULOS, THOMAS
Address: 1000 N.W. 9TH COURT, #106
City-St-Zip: BOCA RATON, FL 33486

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: THOMAS COPULOS

PRES

03/09/2009

Electronic Signature of Signing Officer or Director

Date