

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39363

FILED
Jan 30, 2008
Secretary of State

Entity Name: GARDENS MEDICAL PARK (PHASE II) CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3345 BURNS RD
SUITE 207
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

825 S. US HIGHWAY ONE
SUITE 340
JUPITER, FL 33477 US

New Mailing Address:

FEI Number: 65-0216633 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PANICO, ROBERT
825 S. US HWY 1, SUITE 340
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

BUSINESS REAL ESTATE
825 S. US HWY 1, SUITE 340
JUPITER, FL 33477 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: BUSINESS REAL ESTATE

01/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PANICO, ROBERT
Address: 1098 EGRET CIRCLE NO
City-St-Zip: JUPITER, FL 33458 US

Title: D () Delete
Name: MARKS, MITCHELL
Address: 3345 BURNS ROAD STE 101
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: DANDYA, ROHIT
Address: 3345 BURNS RD #301
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JAMES, CIMA
Address: 3345 BURNS ROAD # 304
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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: MITCHELL MARKS

D

01/30/2008

Electronic Signature of Signing Officer or Director

Date