

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39363

FILED  
Jan 16, 2009  
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:**

3345 BURNS RD  
SUITE 101  
PALM BEACH GARDENS, FL 33410 US

**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:**

BUSINESS REAL ESTATE  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/16/2009

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JAMES, CIMA  
Address: 3345 BURNS ROAD # 304  
City-St-Zip: PALM BEACH GARDENS, FL 33410 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 # 305-306  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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

Title: D (X) Change ( ) Addition  
Name: DANDYA, ROHIT  
Address: 3345 BURNS RD #302  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: JACK ROBSON

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date