

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001378

FILED
Apr 29, 2011
Secretary of State

Entity Name: MERRITT MEDICAL CENTER II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2400 N. COURTENAY PARKWAY
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

110 LONGWOOD AVE.
P O BOX 565002, MS75
ROCKLEDGE, FL 32956

New Mailing Address:

5811 PELICAN BAY BOULEVARD #500
NAPLES, FL 34108

FEI Number: 59-3318406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, EMIL
110 LONGWOOD AVE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: PATONAI, STEVE
Address: 110 ROCKLEDGE AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: T
Name: HAUN, RICHARD
Address: 110 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: S
Name: HOLLOWAY, KATHLEEN K
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: VP
Name: HAMMOND, ROBERT
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: AT
Name: SHAW, MARLIN K
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN K. HOLLOWAY

S

04/29/2011

Electronic Signature of Signing Officer or Director

Date