2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State
01-30-2006 90036 042 ****61.25

DOCUMENT # N96000004508

1. Entity Name
MEDICAL CENTER CONDOMINIUM ASSOC., INC.

60007833

Principal Place of Business	Mailing Address
1920 HWY 441 N OKEECHOBEE, FL 34972	PO BOX 1508 OKEECHOBEE, FL 34973

01232006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
1922 Hwy 441 N Suite Apt # etc	1922 Hwy 441 N Suite Apt # etc
City & State: Okeechobee FL	City & State: Okeechobee FL
Zip: 34972 Country:	Zip: 34972 Country:

4. FEI Number: 65-0733601 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IRBY, FRANK 1385 SE 23RD STREET OKEECHOBEE, FL 34974	Name: HANNAH KLASSEN Street Address (P.O. Box Number is Not Acceptable): 1922 Hwy 441 N. City: Okeechobee FL Zip Code: 34972

8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE: Hannah Klassen HANNAH KLASSEN 01/23/2006
Signature required of new agent, appointed agent of the corporation (if applicable) NOTE: Registered agent signature required for all changes. DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS ONLY	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IRBY, FRANK 1385 SE 23RD ST OKEECHOBEE, FL 34974	☒ Delete	D ~~Hannah KLA~~ KLASSEN, HANNAH 1922 HWY 441 N Okeechobee FL 34972	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SLUTSKY, BRAD MD 1920 HWY 441 N OKEECHOBEE, FL 34972	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LANZA, JOHN MD 1916 HWY 441 N OKEECHOBEE, FL 34972	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MGHANNI, MAGED 1922 HWY 441 N OKEECHOBEE, FL 34972	☐ Delete	MEHANNI, MAGED address unchanged	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLUSE, CHRIS CBC MGMT, PO BOX 2558 OKEECHOBEE, FL 34973	☐ Delete	Close, Chris address unchanged	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~Lee, Robert~~	☐ Delete	D Robert Lee 1796 Hwy 441 N Okeechobee FL 34972	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hannah Klassen HANNAH KLASSEN 01/23/2006 863. 763. 3622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME TELEPHONE