2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000004508

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

Principal Place of Business	Mailing Address
1922 HWY 441 N OKEECHOBEE, FL 34972	1922 HWY 441 N OKEECHOBEE, FL 34972

01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

KLASSEN, HANNAH
1922 HWY 441 N.
OKEECHOBEE, FL 34972

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

Filing Fee is $61.25
Due by May 1, 2007

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

U00000581372
01/10/07-80085-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KLASSEN, HANNAH
STREET ADDRESS	1922 HWY 441 N
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	PD
NAME	SLUTSKY, BRAD MD
STREET ADDRESS	1920 HWY 441 N
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	STD
NAME	LANZA, JOHN MD
STREET ADDRESS	1916 HWY 441 N
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	VD
NAME	MEHANNI, MAGED
STREET ADDRESS	1922 HWY 441 N
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	D
NAME	CLOSE, CHRIS
STREET ADDRESS	CBC MGMT, PO BOX 2558
CITY-ST-ZIP	OKEECHOBEE, FL 34973
TITLE	D
NAME	LEE, ROBERT
STREET ADDRESS	1796 HWY 441 N
CITY-ST-ZIP	OKEECHOBEE, FL 34972

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #