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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004556 (4)**

1. Corporation Name

OAK TREE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**3000 IMMOKALEE ROAD
NAPLES FL 34110**

Mailing Address

**886 110TH AVE N #7
NAPLES FL 34108
US**



3. Date Incorporated or Qualified

09/03/1996

4. FEI Number

65-0748668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**WARNER, BRYAN J
886 110TH AVE N #7
NAPLES FL 34108**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **COLLINS, GREGORY A**
STREET ADDRESS **3000 IMMOKALEE ROAD**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **D** ☐ DELETE

NAME **SEIBERT, KARLA A**
STREET ADDRESS **3000 IMMOKALEE ROAD**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **D** ☐ DELETE

NAME **AUGHTON, WILLIAM G**
STREET ADDRESS **3000 IMMOKALEE ROAD**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **D** ☐ DELETE

NAME **JENSEN, OMIND E**
STREET ADDRESS **3000 IMMOKALEE ROAD**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **D** ☐ DELETE

NAME **GRUBBS, WILLIAM E JR**
STREET ADDRESS **3000 IMMOKALEE ROAD**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **OAK TREE MEDICAL CENTER**
1.3 STREET ADDRESS **90 CYPRESS WAY E., SUITE 60-65**

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **OAK TREE MEDICAL CENTER**
2.3 STREET ADDRESS **90 CYPRESS WAY E., SUITE 10**

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **OAK TREE MEDICAL CENTER**
3.3 STREET ADDRESS **90 CYPRESS WAY E., SUITE 30**

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **OAK TREE MEDICAL CENTER**
4.3 STREET ADDRESS **90 CYPRESS WAY E., SUITE 20**

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **OAK TREE MEDICAL CENTER**
5.3 STREET ADDRESS **90 CYPRESS WAY E., SUITE 40-45**

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: **Y**

David E. Jensen

4/1/98

441-597-3399

CR2E037 (10/97)