

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90035 042 \*\*\*\*61.25

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1. Corporation Name

OAK TREE MEDICAL CENTER CONDOMINIUM ASSOCIATION,  
INC.

Principal Place of Business

~~9000 IMMOKALEE ROAD~~  
~~NAPLES FL 34110~~

90 CYPRESS WAY EAST  
NAPLES, FL 34110

Mailing Address

~~886 110TH AVE N #7~~  
~~NAPLES FL 34108~~

1110 JUNG BOULEVARD EAST  
NAPLES, FL 34120-3438



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

9. Name and Address of Current Registered Agent

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

SESA

10. Name and Address of New Registered Agent

81 Name SUSAN CHADICK & ASSOCIATES

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

1110 JUNG BOULEVARD EAST

83

84 City NAPLES

FL

85 Zip Code 34120-3438

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

*Susan Chadick*

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

(NOTE: Registered Agent signature required when reinstating)

1/21/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME COLLINS, GREGORY A  
STREET ADDRESS OAK TREE MED CTR 90 CYPRESS WAY E #60-65  
CITY-ST-ZIP NAPLES FL 34110

TITLE D ☐ DELETE  
NAME SEIBERT, KARLA A  
STREET ADDRESS OAK TREE MED CTR 90 CYPRESS WAY E #10  
CITY-ST-ZIP NAPLES FL 34110

TITLE D ☐ DELETE  
NAME AUGHTON, WILLIAM G  
STREET ADDRESS OAK TREE MED CTR 90 CYPRESS WAY E #30  
CITY-ST-ZIP NAPLES FL 34110

TITLE D ☐ DELETE  
NAME JENSEN, OIVIND E  
STREET ADDRESS OAK TREE MED CTR 90 CYPRESS WAY E #20  
CITY-ST-ZIP NAPLES FL 34110

TITLE D ☐ DELETE  
NAME GRUBBS, WILLIAM E JR  
STREET ADDRESS OAK TREE MED CTR 90 CYPRESS WAY E #40-45  
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  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Oivind E. Jensen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99 941-597-3399

Date Daytime Phone #

CR2E037 (11/98)