

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004556

1. Entity Name

OAK TREE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

90 CYPRESS WAY EAST  
NAPLES FL 34110

Mailing Address

1110 JUNG BLVD EAST  
NAPLES FL 34120-3438  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0748668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SUSAN CHADICK & ASSOCIATES  
1110 JUNG BLVD EAST  
NAPLES FL 34120-3438

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 11, 2002 8:00 am  
Secretary of State

04-11-2002 90672 016 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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