2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000004556

1. Entity Name
OAK TREE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
90 CYPRESS WAY EAST NAPLES, FL 34110	1110 JUNG BLVD EAST NAPLES, FL 34120-3438 US

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02292004 No Chg-NP CR2E037 (10/03)

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

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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, 2004

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

U00000101722
04/02/04-80024-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COLLINS, GREGORY A
STREET ADDRESS	OAK TREE MED CTR 90 CYPRESS WAY E #60-65
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	D
NAME	SEIBERT, KARLA A
STREET ADDRESS	OAK TREE MED CTR 90 CYPRESS WAY E #10
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	D
NAME	AUGHTON, WILLIAM G
STREET ADDRESS	OAK TREE MED CTR 90 CYPRESS WAY E #30
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	D
NAME	JENSEN, OIVIND E
STREET ADDRESS	OAK TREE MED CTR 90 CYPRESS WAY E #20
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	D
NAME	GRUBBS, WILLIAM E JR
STREET ADDRESS	OAK TREE MED CTR 90 CYPRESS WAY E #40-45
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: W. D. Aughton 3/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #