


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90037 005 ****61.25

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. 801 Laurel Oak Dr. Ste. 303			
City & State		City & State Naples, FL			
Zip	Country	Zip 34108	Country USA	4. FEI Number 65-0748668	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUSAN CHADICK & ASSOCIATES 1110 JUNG BLVD EAST NAPLES, FL 34120-3438			7. Name and Address of New Registered Agent Name <u>Jim Deldin</u> Street Address (P.O. Box Number is Not Acceptable) 16279 Boca Circle City <u>Naples</u> FL Zip Code <u>34109</u>		
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: <u>[Signature]</u> / <u>James V. Deldin</u> / <u>Proprietor Manager</u> DATE <u>3-1-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete COLLINS, GREGORY A OAK TREE MED CTR 90 CYPRESS WAY E #60-65 NAPLES, FL 34110		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete SEIBERT, KARLA A OAK TREE MED CTR 90 CYPRESS WAY E #10 NAPLES, FL 34110		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete AUGHTON, WILLIAM G OAK TREE MED CTR 90 CYPRESS WAY E #30 NAPLES, FL 34110		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete JENSEN, OIVIND E OAK TREE MED CTR 90 CYPRESS WAY E #20 NAPLES, FL 34110		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete GRUBBS, WILLIAM E JR OAK TREE MED CTR 90 CYPRESS WAY E #40-45 NAPLES, FL 34110		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/19/05 <u>(239) 597-3399</u> <small>Date Daytime Phone #</small>		