# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 07, 2008 8:00 am**
**Secretary of State**
02-05-2008 90009 016 ****61.25

DOCUMENT # N96000004556

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

| Principal Place of Business | Mailing Address |
|---|---|
| 90 CYPRESS WAY EAST<br>NAPLES, FL 34110 | 801 LAUREL OAK DR<br>SUITE 303<br>NAPLES, FL 34108 US |

66002789

01252008 No Chg-NP CR2E037 (4/06)

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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

JENSEN, DR. DIVIND E
90 CYPRESS WAY E
STE 20
NAPLES, FL 34110

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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, 2008**

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

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 exemptions contained in Chapter 119, 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:** Divind E Jensen 3/5/08 239-597-3899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #