2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N96000004556

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

Current Principal Place of Business:

90 CYPRESS WAY EAST
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

801 LAUREL OAK DR
SUITE 303
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 65-0748668 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COLLINS, GREGORY A
Address: OAK TREE MED CTR 90 CYPRESS WAY E #60-65
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: SEIBERT, KARLA A
Address: OAK TREE MED CTR 90 CYPRESS WAY E #10
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: AUGHTON, WILLIAM G
Address: OAK TREE MED CTR 90 CYPRESS WAY E #30
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: JENSEN, OIVIND E
Address: OAK TREE MED CTR 90 CYPRESS WAY E #20
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: GRUBBS, WILLIAM E JR
Address: OAK TREE MED CTR 90 CYPRESS WAY E #40-45
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY A. COLLINS D 01/08/2009

Electronic Signature of Signing Officer or Director — Date