2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# N96000004556

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

Current Principal Place of Business:

497 SEAGULL AVE.
NAPLES, FL 34108

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. OIVIND E
497 SEAGULL AVE.
NAPLES, FL 34108 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
Name: COLLINS, GREGORY A
Address: 4324 SILVER FOX DR.
City-St-Zip: NAPLES, FL 34117

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: OIVIND E JENSEN D 01/05/2012

Electronic Signature of Signing Officer or Director Date