

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756374

Entity Name: MED. CONDO. ASSN., INC.**Current Principal Place of Business:**1433 MEDITERRANEAN DRIVE
PUNTA GORDA, FL 33950**Current Mailing Address:**22079 KIMBLE AVENUE
PT. CHARLOTTE, FL 33952 UN**FEI Number:** 59-2197906**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BINDER, BRENDA
22079 KIMBLE AVENUE
PT. CHARLOTTE, FL 33952 US*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**Officer/Director Detail :**

Title	DIRECTOR, SECRETARY
Name	KOSTYK, AMY
Address	1433 MEDITERRANEAN DRIVE
City-State-Zip:	PUNTA GORDA FL 33950

Title	PRESIDENT
Name	BOLAS, JOAN
Address	22079 KIMBLE AVENUE
City-State-Zip:	PT. CHARLOTTE 33952

Title	D
Name	GEERS, TERESA ANNE
Address	22079 KIMBLE AVENUE
City-State-Zip:	PT. CHARLOTTE 33952

Title	DIRECTOR, TREASURER
Name	DEREMER, PAULA
Address	22079 KIMBLE AVENUE
City-State-Zip:	PT. CHARLOTTE 33952

Title	VP
Name	MAY, LEONARD
Address	22079 KIMBLE AVENUE
City-State-Zip:	PT. CHARLOTTE 33952

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: JOAN BOLAS**PRESIDENT****04/17/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date