2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2025
Secretary of State
4413903495CC

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Entity Name: MEDICAL ARTS AT VILLAGE CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1166 WEST NEWPORT CENTER DR.
SUITE 314
DEERFIELD BEACH, FL 33442

Current Mailing Address:

1166 WEST NEWPORT CENTER DR.
SUITE 314
DEERFIELD BEACH, FL 33442 US

FEI Number: 59-3832810

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YOUNG, JAMES
1166 WEST NEWPORT CENTER DR.
SUITE 314
DEERFIELD BEACH, FL 33442 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
Name	KOEPPEL, ERIC
Address	15300 JOG ROAD, SUITE 109
City-State-Zip:	DELRAY BEACH FL 33486

Title	SECRETARY
Name	SCHWAB, FRANCINE
Address	15300 JOG ROAD, SUITE 203
City-State-Zip:	DELRAY BEACH FL 33486

Title	DIRECTOR
Name	POULERIGUEN, ALAIN
Address	100 S MILITARY TRAIL SUITE 4
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	TREASURER
Name	MARCUS, IRV
Address	15300 JOG ROAD, SUITE 208
City-State-Zip:	DELRAY BEACH FL 33486

Title	OTHER
Name	YOUNG, JAMES
Address	1166 WEST NEWPORT CENTER DRIVE SUITE 314
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	DIRECTOR
Name	FESTA, ANTONIO
Address	100 S MILITARY TRAIL SUITE 4
City-State-Zip:	DEERFIELD BEACH FL 33442

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: JAMES YOUNG OTHER 02/10/2025

Electronic Signature of Signing Officer/Director Detail — Date