

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004556

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

FILED
Jan 16, 2017
Secretary of State
CC9441827222

Current Principal Place of Business:

497 SEAGULL AVE.
NAPLES, FL 34108

Current Mailing Address:

801 LAUREL OAK DR
SUITE 303
NAPLES, FL 34108 US

FEI Number: 65-0748668

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

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

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

Title D
Name GRUBBS, WILLIAM EJR
Address OAK TREE MED CTR 90 CYPRESS
WAY E #40-45
City-State-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: DR. OIVIND JENSEN

PRESIDENT

01/16/2017

Electronic Signature of Signing Officer/Director Detail

Date