

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004556

**Entity Name:** OAK TREE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Feb 05, 2018**  
**Secretary of State**  
**CC2653225852****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****02/05/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date