



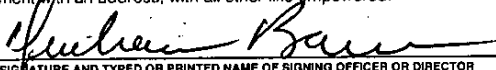
**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90156 018 \*\*\*\*61.25

**50024331**



<b>DOCUMENT # N04464</b>			
1. Entity Name LAKE BEAUTY MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 44 LAKE BEAUTY DRIVE STE 300 ORLANDO, FL 32806 US		Mailing Address 44 LAKE BEAUTY DRIVE STE 300 ORLANDO, FL 32806 US	
2. Principal Place of Business		3. Mailing Address 921 Douglas Ave #200	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Altamonte Springs	
City & State		City & State Florida	
Zip	Country	Zip	Country
32714		32714	Seminole
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARNES, DURHAM M 44 LAKE BEAUTY DRIVE STE 300 ORLANDO, FL 32806		Name W. Sue Mackarty	
		Street Address (P.O. Box Number is Not Acceptable) 921 Lake Beauty Medical Center Condominium	
		921 Douglas Ave #200	
		City Altamonte Springs	
		FL	
		Zip Code 32714	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 3/7/05	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, DURHAM	NAME	
STREET ADDRESS	44 LAKE BEAUTY DR, STE 300	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, JOHN	NAME	
STREET ADDRESS	44 LAKE BEAUTY DR, STE 300	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMOND, PRESTON P	NAME	
STREET ADDRESS	44 LAKE BEAUTY DR, STE 300	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 2/9/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	