
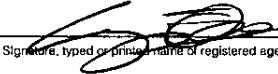



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90046 036 ****61.25

DOCUMENT # N18975			
1. Entity Name LAKEVIEW MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O INTEGRATED PROPERTY MGMT. 3435-10TH STREET NORTH, #201 NAPLES, FL 34103		Mailing Address C/O INTEGRATED PROPERTY MGMT. 3435-10TH STREET NORTH, #201 NAPLES, FL 34103	
2. Principal Place of Business 700 2ND AVE. N.		3. Mailing Address 96 COLONIAL SQUARE REALTY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 10608	
City & State NAPLES FL		City & State NAPLES FL	
Zip 34102	Country U.S.	Zip 34101	Country U.S.
6. Name and Address of Current Registered Agent KIENA, HAL 700 - 2ND AVENUE NORTH NAPLES, FL 34102		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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	
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PD KIENA, HAL 700 2ND AVENUE NORTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHEAF, STEVE 700 2ND AVENUE NORTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SHEAF, STEVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALBERT, LARRY 700 2ND AVENUE NORTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WEIDNER, EDMUND
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 4/15/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	