

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18975

FILED
Mar 18, 2009
Secretary of State

Entity Name: LAKEVIEW MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

700 2ND AVE N
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

C/O COLONIAL SQUARE REALTY
P.O. BOX 10608
NAPLES, FL 34101

New Mailing Address:

FEI Number: 59-2795526 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COLONIAL SQUARE REALTY INC.
1048 GOODLETTE ROAD #201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ULRICH, JACK
Address: 700 2ND AVENUE NORTH
City-St-Zip: NAPLES, FL 34102

Title: STD () Delete
Name: SHEAF, STEVE
Address: 700 2ND AVENUE N #305
City-St-Zip: NAPLES, FL 34102

Title: PD () Delete
Name: KIENA, HEL
Address: 700 2ND AVENUE N #303
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: ZONAS, JAMES
Address: 700 2ND AVENUE NORTH #102
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HAL KIENA

P

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date