

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18975

FILED  
Apr 04, 2011  
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: PD  
Name: ZONAS, JAMES  
Address: 700 2ND AVENUE NORTH #102  
City-St-Zip: NAPLES, FL 34102

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

Title: STD  
Name: FAUBACHER, JEFF  
Address: 700 2ND AVENUE N #302  
City-St-Zip: NAPLES, FL 34102

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: CHIP OLSON

RA

04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date