


FILE NOW: FILING FEE IS \$61.25

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Jan 22, 1999 8:00am  
Secretary of State

01-22-1999 90015 013 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04464**

1. Corporation 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	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	<b>07/31/1984</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	<b>59-2441147</b>
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	28	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip	Country	Trust Fund Contribution
24	25	29
Country	Zip	30

9. Name and Address of Current Registered Agent

**BARNES, DURHAM M  
44 LAKE BEAUTY DRIVE  
STE 300  
ORLANDO FL 32806**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, DURHAM	1.2 NAME	
STREET ADDRESS	44 LAKE BEAUTY DR, STE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, JOHN	2.2 NAME	
STREET ADDRESS	44 LAKE BEAUTY DR, STE 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMOND, PRESTON P	3.2 NAME	
STREET ADDRESS	44 LAKE BEAUTY DR, STE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** John C. Olson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date January 6, 1999 Daytime Phone # 407-425-7188

CR2E037 (11/98)