


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90127 010 ****61.25

DOCUMENT # N04464 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 921 DOUGLAS AVE # 200 ALTAMONTE SPRINGS, FL 32714 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1180 Spring Centre S. Blvd #102 Suite, Apt. #, etc.			
City & State 		City & State Altamonte Springs, FL		4. FEI Number 59-2441147	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32714		Country US		01032006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent MACLARTY, SUE W C/O LAKE BRANTY MEDICAL CENTER CONDOMINIUM 921 DOUGLAS AVE, # 200 ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1180 Spring Centre South Blvd #102 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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 BARNES, DURHAM 44 LAKE BEAUTY DR, STE 300 ORLANDO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSON, JOHN 44 LAKE BEAUTY DR, STE 300 ORLANDO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHMOND, PRESTON P 44 LAKE BEAUTY DR, STE 300 ORLANDO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>[Signature]</i></u> 14 March 2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					