

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02493

Entity Name: LAKE WEST MEDICAL CENTRE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 10, 2018
Secretary of State
CC9584767981

Current Principal Place of Business:

6894 LAKE WORTH ROAD
LAKE WORTH, FL 33467

Current Mailing Address:

C/O CMC MANAGEMENT, INC.
2950 JOG ROAD
GREENACRES, FL 33467 US

FEI Number: 59-2412819

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KONYK & LEMME PLLC
777 SOUTH FLAGLER DRIVE
SUITE 800 - WEST TOWER
WEST PALM BEACH, FL 33401 US

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: CHELLE KONYK, ESQUIRE

04/10/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name SMITH, ARTHUR F
Address 6894 LAKE WORTH STE 201
City-State-Zip: LAKE WORTH FL 33467

Title VP, DIRECTOR
Name SIBIA, SIRTAZ
Address 11195 SOUTH JOG ROAD, #2
City-State-Zip: BOYNTON BEACH FL 33437

Title SECRETARY, TREASURER,
 DIRECTOR
Name MILBOWER, MARISA
Address 2063 CEZANNE ROAD
City-State-Zip: WEST PALM BEACH FL 33409

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: ARTHUR SMITH

PRESIDENT

04/10/2018

Electronic Signature of Signing Officer/Director Detail

Date