

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02493

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

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC4631846298**

**Current Principal Place of Business:**

6894 LAKE WORTH ROAD  
GREENACRES, FL 33467

**Current Mailing Address:**

CMC MANAGEMENT  
2950 JOG ROAD  
GREENACRES, FL 33467 US

**FEI Number: 59-2412819**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ST. JOHN, CORE & LEMME, P.A.  
1601 FORUM PLACE, STE. 701  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title            P  
Name            SIBIA, SIRTAAZ  
Address        6894 LAKE WORTH RD STE 105  
City-State-Zip: LAKE WORTH FL 33467

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**

**04/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date