

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02493

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

**FILED**  
**Mar 29, 2019**  
**Secretary of State**  
**5656229814CC**

**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  
140 INTRACOASTAL POINTE DRIVE  
SUITE 310  
JUPITER, FL 33477 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

**03/29/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, TREASURER  
Name SMITH, ARTHUR F  
Address 6894 LAKE WORTH ROAD  
SUITE 201  
City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY  
Name SIBIA, SIRTAAZ  
Address 11195 SOUTH JOG ROAD  
SUITE 2  
City-State-Zip: BOYNTON BEACH FL 33437

Title PRESIDENT  
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:** MARISA MILBOWER

**PRESIDENT**

**03/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date