

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02493

**FILED
Apr 22, 2014
Secretary of State
CC1588066690**

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

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, SIRTAZ
Address 6894 LAKE WORTH RD STE 105
City-State-Zip: LAKE WORTH FL 33467

Title S
Name MORGEN, SABRINA
Address 6894 LAKE WORTH RD STE 104
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

TREASURE

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date