

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001085

Entity Name: LEHIGH PROFESSIONAL CENTER ASSOCIATION, INC.**Current Principal Place of Business:**260 BETH STACEY BLVD
LEHIGH ACRES, FL 33936**Current Mailing Address:**PO BOX 10608
NAPLES, FL 34101 US**FEI Number:** 26-2288840**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLONIAL SQUARE MANAGEMENT GROUP LLC
1250 TAMiami TRAIL NORTH#101
NAPLES, FL 34102 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:** CLIFFORD OLSON

02/21/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name STRATHMAN, ROBERT
Address 14131 METROPOLIS #103
City-State-Zip: FT MYERS FL 33912

Title P
Name GOLSTEIN, JEROLD DR.
Address 5238 MASON CORBIN COURT #102
City-State-Zip: FORT MYERS FL 33907

Title SECRETARY
Name BARROW, HOWARD DR.
Address 39 BARKLEY CIRCLE
City-State-Zip: FT MYERS FL 33907

Title DIRECTOR
Name RICHARDSON, WILLIAM
Address PO BOX 220
City-State-Zip: LEHIGH ACRES FL 33970

Title TREASURER
Name SAGER, STEVE DR.
Address 11841 HAMPTON GREENS DRIVE
City-State-Zip: FORT MYERS FL 33913

Title D
Name HARWIN, WILLIAM DR.
Address 4371 VERONICA SHOEMAKER
BOULEVARD
City-State-Zip: FORT MYERS FL 33916

Title DIRECTOR
Name VEDRENNE, DENISE
Address 9713 OVERSEAS HWY
City-State-Zip: MARATHON FL 33050

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: JEROLD GOLSTEIN

P

02/21/2014

Electronic Signature of Signing Officer/Director Detail

Date