

**2013 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:**8140 COLLEGE PARKWAY #105  
FORT MYERS, FL 33919**FEI Number:** 26-2288840**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLONIAL SQUARE REALTY, INC.  
8140 COLLEGE PARKWAY #105  
FORT MYERS, FL 33919 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	DP
Name	STRATHMAN, ROBERT G
Address	260 BETH STACEY BLVD #210
City-State-Zip:	LEHIGH ACRES FL 33936

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

Title	VP
Name	SAGER, MICHELLE
Address	11841 HAMPTON GREENS DRIVE
City-State-Zip:	FORT MYERS FL 33913

Title	D
Name	GOLSTEIN, JEROLD S
Address	5238 MASON CORBIN COURT
City-State-Zip:	FORT MYERS FL 33907

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

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

*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: ROBERT STRATHMAN****PRESIDENT****04/02/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date