## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001085

Entity Name: LEHIGH PROFESSIONAL CENTER ASSOCIATION, INC.

FILED
Mar 07, 2024
Secretary of State
5288350171CC

## **Current Principal Place of Business:**

260 BETH STACEY BLVD LEHIGH ACRES. FL 33936

# **Current Mailing Address:**

C/O KOVA PROPERTY MANAGEMENT PO BOX 110876 NAPLES, FL 34108 US

FEI Number: 26-2288840 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

KOVA PROPERTY MANAGEMENT, LLC 9130 GALLERIA COURT SUITE 100 NAPLES, FL 34109 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: ANTHONY EMMA 03/07/2024

**Electronic Signature of Registered Agent** 

Date

## Officer/Director Detail:

Title TREASURER Title DIRECTOR

NameSTRATHMAN, ROBERTNameGOLDSTEIN, JEROLD DR.Address14131 METROPOLIS #103Address260 BETH STACEY BLVD.City-State-Zip:FT MYERS FL 33912City-State-Zip: LEHIGH ACRES FL 33936

Title PRESIDENT Title SECRETARY

NameAVEY, JOSEPH DRNameSAGER, STEVEN DR.Address2254 OXFORD RIDGE CIRCLEAddress260 BETH STACEY BLVD.City-State-Zip:LEHIGH ACRES FL 33973City-State-Zip:LEHIGH ACRES FL 33936

Title VF

Name EPSTEIN, ROBERT

Address 260 BETH STACEY BLVD.

City-State-Zip: LEHIGH ACRES FL 33936

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.