

**2023 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:**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

03/15/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER
Name	STRATHMAN, ROBERT
Address	14131 METROPOLIS #103
City-State-Zip:	FT MYERS FL 33912
Title	PRESIDENT
Name	AVEY, JOSEPH DR
Address	2254 OXFORD RIDGE CIRCLE
City-State-Zip:	LEHIGH ACRES FL 33973
Title	VP
Name	EPSTEIN, ROBERT
Address	260 BETH STACEY BLVD.
City-State-Zip:	LEHIGH ACRES FL 33936

Title	DIRECTOR
Name	GOLDSTEIN, JEROLD DR.
Address	260 BETH STACEY BLVD.
City-State-Zip:	LEHIGH ACRES FL 33936
Title	SECRETARY
Name	SAGER, STEVEN DR.
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.*

**SIGNATURE:** JOSEPH AVEY

PRESIDENT

03/15/2023

Electronic Signature of Signing Officer/Director Detail

Date