

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002639

Entity Name: LAWNWOOD MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 28, 2021
Secretary of State
6947700626CC**Current Principal Place of Business:**1700 S 23RD STREET
FT PIERCE, FL 34950**Current Mailing Address:**1800 S. AUSTRALIAN AVENUE
SUITE 102
WEST PALM BEACH, FL 33409 US**FEI Number: 27-0288546****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LINCOLN HARRIS CSG
1800 S. AUSTRALIAN AVENUE
SUITE 102
WEST PALM BEACH, FL 33409 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	PRESIDENT
Name	KOYAMA, TAKASHI
Address	2402 FRIST BLVD, SUITE 100
City-State-Zip:	FORT PIERCE FL 34954

Title	VP
Name	GOLDMAN, ERIC
Address	1700 S. 23RD STREET
City-State-Zip:	FORT PIERCE FL 34954

Title	SECRETARY
Name	CROSS, RENEE
Address	1700 S. 23RD STREET
City-State-Zip:	FORT PIERCE FL 34954

Title	PROPERTY MANAGER - AUTHORIZED REPRESENTATIVE
Name	LANTIGUA, YIRA
Address	1800 S AUSTRALIAN AVENUE SUITE 102
City-State-Zip:	WEST PALM BEACH FL 33409

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: YIRA LANTIGUA**PROPERTY MANAGER****01/28/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date