# Entity Name: LAWNWOOD MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**Current Principal Place of Business:** 

1700 S 23RD STREET FT PIERCE, FL 34950

## **Current Mailing Address:**

DOCUMENT# N0900002639

1800 S. AUSTRAILAN AVENUE SUITE 102 WEST PALM BEACH, FL 33409 US

## FEI Number: 27-0288546

### Name and Address of Current Registered Agent:

LINCOLN HARRIS CSG 1800 S. AUSTRAILAN 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

## **Officer/Director Detail :**

| Title                                       | PRESIDENT  | Title                    | VP  |  |
|---|--|--------------------------|---|--|
| Name  | KOYAMA, TAKASHI  | Name                     | KRIEGER, ROBERT   |  |
| Address                                     | 2402 FRIST BLVD, SUITE 100   | Address                  | 1700 S. 23RD STREET   |  |
| City-State-Zip:                             | FORT PIERCE FL 34954   | City-State-Zip:          | FORT PIERCE FL 34954  |  |
| Title<br>Name<br>Address<br>City-State-Zip: | SECRETARY<br>KEELING, KEVIN<br>1700 S. 23RD STREET<br>FORT PIERCE FL 34954 | Title<br>Name<br>Address | PROPERTY MANAGER - AUTHORIZED<br>REPRESENTATIVE<br>LIEBERMAN, VICTORIA<br>1800 S AUSTRALIAN AVENUE<br>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: VICTORIA LIEBERMAN

PROPERTY MANAGER- 01/16/2017 AUTHORIZED REPRESENTATIVE

FILED Jan 16, 2017 Secretary of State CC6596598430

Certificate of Status Desired: No

Date