Entity Name: LAWNWOOD MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.

2019 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	GOLDMAN, ERIC
	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 Name Address City-State-Zip:	SECRETARY CROSS, RENEE 1700 S. 23RD STREET FORT PIERCE FL 34954	Title Name Address	PROPERTY MANAGER - AUTHORIZED REPRESENTATIVE LANTIGUA, YIRA 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.

ΡM

SIGNATURE: YIRA LANTIGUA

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

04/02/2019

Date