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

2016 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	DR.	Title	MR.
Name	KOYAMA, TAKASHI	Name	LOWE, GREG
Address	2402 FRIST BLVD, SUITE 100	Address	1700 SOUTH 23RD STREET
City-State-Zip:	FORT PIERCE FL 34954	City-State-Zip:	FORT PIERCE FL 34954
Title	MR		
Name	KEELING, KEVIN		
Address	1700 SOUTH 23RD STREET		
City-State-Zip:	FORT PIERCE FL 34954		

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: GREG LOWE

VICE PRESIDENT

02/05/2016

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date