

# 2010 UNIFORM BUSINESS REPORT (UBR)

0076316

DOCUMENT # 743381

Entity Name

LAWNWOOD CONDOMINIUM ASSOCIATION, INC.

FILED

01 APR 13 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2215 NEBRASKA AVE. SUITE 2-J FT PIERCE FL 34950		Mailing Address 2215 NEBRASKA AVE. SUITE 2-J FT PIERCE FL 34950-4866	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1838885		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOHEALI, IBRAHIM MD 2215 NEBRASKA AVE SUITE 1D FT. PIERCE FL 34950		7. Name and Address of New Registered Agent Name <u>Dr. Norman Palmeri</u> Street Address (P.O. Box Number is Not Acceptable) <u>2215 Nebraska Ave. Ste 3</u> City <u> Ft. Pierce, FL </u> Zip Code <u> 34950 </u>	
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8. 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 *Dr. Norman Palmeri* DATE 5/5/10

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SUBRAMANIAN, NANJAPPA 2215 NEBRASKA AVE, SUITE 1E FT PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <u>Dr. Norman Palmeri</u> <u>2215 Nebraska Ave Ste 3B</u> <u>Ft. Pierce, FL 34950</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOHSALI, IBRAHIM 2215 NEBRASKA AVENUE, SUITE 1D FT PIERCE, FL 34950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President <u>Dr. Sanjiv Walia</u> <u>2215 Nebraska Ave Ste 1F</u> <u>Ft. Pierce, FL 34950</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KHUDDUS, SHAIK 2215 NEBRASKA AVENUE SUITE 2C FT PIERCE FL 34950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer <u>Salomon Israel, DDS</u> <u>2215 Nebraska Ave Ste 1H</u> <u>Ft. Pierce, FL 34950</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PRASAD, TUMMALA 2215 NEBRASKA AVE., SUITE 2F FT PIERCE FL 34950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary <u>Dr. Nanjappa Subramanian</u> <u>2215 Nebraska Ave. 1E</u> <u>Ft. Pierce, FL 34950</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dr. Norman Palmeri* DATE 5/5/10 561 464 5363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)

**LAWNWOOD CONDO ASSOCIATION, INC.**

2215 NEBRASKA AVENUE • SUITE 2-1

FORT PIERCE, FLORIDA 34950

(561) 465-3321

October 11, 2000

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6237

RE: Document #743381

To Whom It May Concern:

I am enclosing copies of the 2000 Uniform Business Report which was mailed in May with a check for the amount of \$61.25.

I spoke to a representative today who confirmed that you have not recieved the information sent and advised me to reissue the check and enclose copies of our information.

If there is anything else that I need to submit, please feel free to call or write me. I appreciate your assistance with this form.

I have recently checked with our bank institution and as of our last statment and today, the original check has not cleared.

Again, thank you for your help. You can contact me during the day at 561-464-5363. Have a great day.

Sincerely,

Kim Albert  
Building Manager

encl.

**LAWNWOOD CONDO ASSOCIATION, INC.**

2215 NEBRASKA AVENUE • SUITE 2-1

FORT PIERCE, FLORIDA 34950

(561) 465-3321

January 12, 2001

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6237

RE: Document #743381

To Whom It May Concern:

I am enclosing the Uniform Business Report with original signatures by the physicians which signed the form originally.

The report was also marked accordingly with (D) to assign the directors.

If there is anything else that I need to do, please feel free to call or write me. I appreciate your assistance with this form.

Again, thank you for your help. You can contact me during the day at 561-464-5363. Have a great day.

Sincerely,

Kim Albert  
Building Manager

encl.

**LAWNWOOD CONDO ASSOCIATION, INC.**

2215 NEBRASKA AVENUE • SUITE 2-1

FORT PIERCE, FLORIDA 34950

(561) 465-3321

April 12, 2001

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6237

RE: Document #743381  
Letter: #801A00004331

To Whom It May Concern:

I spoke with your representative, Michelle, today regarding the above document and letter.

This has indeed been quite an ordeal to get the necessary information to you.

Upon arriving this morning, I found a manilla envelope marked "building across the street, please deliver to 2I, office manager".

I conduct the majority of the building business from Dr. Israel's office which I am also employed. A sign is on my office at suite 2I to address or contact me at 2H, so the manilla envelope was delivered today.

I explained to Michelle that this was from the building across from our hospital, Lawnwood Regional Medical Center which is also called Lawnwood Professional Plaza. The letter you sent apparently ended up in Delray Beach at the management company for the building across the way.

This has now found me and I apologize for the delay.

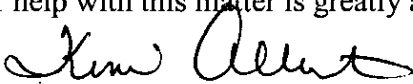
I am forwarding the necessary information again with the letter that was missing from the second submission of information and a check for the amount of \$122.50.

PLEASE contact me at 561-464-5363 if there is anything that I can do to help finalize this paperwork. Also, please address further communication if possible to :

Lawnwood Condominium Association  
C/O Kim Albert  
2215 Nebraska Ave. Ste. 2H  
Ft. Pierce, FL 34950

Again, your help with this matter is greatly appreciated.

Kim Albert



encl.