

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90044 002 \*\*\*\*61.25

**DOCUMENT # 766555**

1. Entity Name

LECHER PROFESSIONAL CENTER, A CONDOMINIUM,  
INC.



Principal Place of Business  
2557 NURSERY ROAD  
SUITE A  
CLEARWATER FL 33764

Mailing Address  
2557 NURSERY ROAD  
SUITE A  
CLEARWATER FL 33764



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

*Suite D*

Suite, Apt. #, etc.

*Suite D*

City & State

City & State

1st MOORE

CR2E037 (10/05)

Zip

Country

Zip

Country

4. FEI Number

59-3069488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HILKERT, DOUGLAS L P.A.  
2557 NURSERY ROAD  
SUITE A  
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name *Edward J Smith*

Street Address (P.O. Box Number is Not Acceptable)

*2557 Nursery Road*

*Suite D*

City

*Clearwater,*

FL

Zip Code

*33764*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

*Edward J. Smith*

*02-09-06*

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete  
NAME HILKERT, DOUGLAS L  
STREET ADDRESS 2557 NURSERY RD #A  
CITY-ST-ZIP CLEARWATER FL 33764

TITLE TD ☐ Delete  
NAME SMITH, EDWARD J  
STREET ADDRESS 2557 NURSERY ROAD, #D  
CITY-ST-ZIP CLEARWATER FL 33764

TITLE D ☐ Delete  
NAME MCCARTHY, E. MICHAEL  
STREET ADDRESS 2557 NURSERY ROAD, #101  
CITY-ST-ZIP CLEARWATER FL 33764

TITLE D ☐ Delete  
NAME RODRIGUEZ, MANUEL H  
STREET ADDRESS 2557 NURSERY ROAD, #B  
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Edward J. Smith*

*02-09-06*

*727 535 0591*