

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # 766555

1. Entity Name

LECHER PROFESSIONAL CENTER, A CONDOMINIUM,
INC.



Principal Place of Business

2557 NURSERY ROAD
SUITE D
CLEARWATER FL 33764

Mailing Address

2557 NURSERY ROAD
SUITE D
CLEARWATER FL 33764



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

SMITH, EDWARD J
2557 NURSERY ROAD
SUITE D
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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

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

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

TITLE D
NAME RODRIGUEZ, MANUEL H ☐ Delete
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
NAME
STREET ADDRESS
CITY- ST- ZIP
000000883938 ☐ Change ☐ Addition
04/17/08-80023-023 61.25

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

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

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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:

[Signature]

4-3-08