

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766555

FILED
Jan 08, 2009
Secretary of State

Entity Name: LECHER PROFESSIONAL CENTER, A CONDOMINIUM, INC.

Current Principal Place of Business:

2557 NURSERY ROAD
SUITE D
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

2557 NURSERY ROAD
SUITE D
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 59-3069488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: HILKERT, DOUGLAS L
Address: 2557 NURSERY RD #A
City-St-Zip: CLEARWATER, FL 33764

Title: TD () Delete
Name: SMITH, EDWARD J
Address: 2557 NURSERY ROAD, #D
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: MCCARTHY, E. MICHAEL
Address: 2557 NURSERY ROAD, #101
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: RODRIGUEZ, MANUEL H
Address: 2557 NURSERY ROAD, #B
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDWARD J. SMITH

TD

01/08/2009

Electronic Signature of Signing Officer or Director

Date