

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N00495

1. Entity Name
**LAKEVIEW PROFESSIONAL CENTER, CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**819 E. FIRST STREET
|
SANFORD, FL 32771**

Mailing Address

**819 E. FIRST STREET
|
SANFORD, FL 32771**

DO NOT WRITE IN THIS SPACE



04212008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2555669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHANDLER, DOROTHY
819 E. FIRST STREET
SANFORD, FL 32771**

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IN THIS SPACE**

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

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

4-23-2008
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	HUAMAN, GONZALO MD
STREET ADDRESS	819 E. FIRST STREET
CITY-ST-ZIP	SANFORD, FL
TITLE	D
NAME	BRODRICK, THOMAS MD
STREET ADDRESS	819 E. FIRST STREET
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	P
NAME	GREENBURG, ANDREW MD
STREET ADDRESS	819 E. FIRST STREET
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D
NAME	CLONTZ, FRANKLIN D MD
STREET ADDRESS	819 E. FIRST STREET
CITY-ST-ZIP	SANFORD, FL
TITLE	D
NAME	SELASSIE, PETER G
STREET ADDRESS	819 E FIRST STREET
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/21/08-80096-002-61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Franklin D. Clontz
Date

407-322-7844
Daytime Phone #