2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2009
Secretary of State

DOCUMENT# N00495

Entity Name: LAKEVIEW PROFESSIONAL CENTER, CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

819 E. FIRST STREET
I
SANFORD, FL 32771

New Principal Place of Business:

819 E. FIRST STREET
SUITE 2
SANFORD, FL 32771 US

Current Mailing Address:

819 E. FIRST STREET
I
SANFORD, FL 32771

New Mailing Address:

819 E. FIRST STREET
SUITE 2
SANFORD, FL 32771 US

FEI Number: 59-2555669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CHANDLER, DOROTHY F
819 E. FIRST STREET
SANFORD, FL 32771 US

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: DOROTHY F CHANDLER 03/07/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: HUAMAN, GONZALO MD
Address: 819 E. FIRST STREET
City-St-Zip: SANFORD, FL

Title: D ( ) Delete
Name: BRODRICK, THOMAS MD
Address: 819 E. FIRST STREET
City-St-Zip: SANFORD, FL 32771

Title: P ( ) Delete
Name: GREENBURG, ANDREW MD
Address: 819 E. FIRST STREET
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: CLONTZ, FRANKLIN D MD
Address: 819 E. FIRST STREET
City-St-Zip: SANFORD, FL

Title: D ( ) Delete
Name: SELASSIE, PETER G
Address: 819 E FIRST STREET
City-St-Zip: SANFORD, FL 32771

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:

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: FRANKLIN D CLONTZ MD D 03/07/2009
Electronic Signature of Signing Officer or Director Date