

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00495

FILED
Feb 11, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 F
819 E. FIRST STREET
SANFORD, FL 32771 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: SD
Name: HUAMAN, GONZALO MD
Address: 819 E. FIRST STREET
City-St-Zip: SANFORD, FL

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: FRANKLIN D CLONTZ MD

D

02/11/2010

Electronic Signature of Signing Officer or Director

_____ Date