

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02493

FILED
Apr 28, 2010
Secretary of State

Entity Name: LAKE WEST MEDICAL CENTRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6894 LAKE WORTH ROAD
GREENACRES, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

2950 JOG ROAD
GREENACRES, FL 33467 US

New Mailing Address:

FEI Number: 59-2412819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. JOHN, CORE & LEMME, P.A.
1601 FORUM PLACE, STE. 701
WEST PALM BEACH, FL 33401 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: VPD
Name: SMITH, ARTHUR F
Address: 6894 LAKE WORTH STE 201
City-St-Zip: LAKE WORTH, FL 33467

Title: STD
Name: SIBIA, SIRTAAZ
Address: 6894 LAKE WORTH RD STE 105
City-St-Zip: LAKE WORTH, FL 33467

Title: PD
Name: MORGEN, SABRINA
Address: 6894 LAKE WORTH RD STE 104
City-St-Zip: LAKE WORTH, FL 33467 US

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: SABRINA MORGEN

PD

04/28/2010

Electronic Signature of Signing Officer or Director

Date