2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2011
Secretary of State

DOCUMENT# N02493

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:

CMC MANAGEMENT
2950 JOG ROAD
GREENACRES, FL 33467 US

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, SIRTAZ
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: ARTHUR SMITH VPD 04/11/2011

Electronic Signature of Signing Officer or Director Date