

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005592

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** LAKE BENNET MEDICAL CENTRE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1151 BLACKWOOD AVE.  
#100  
OCOE, FL 34761 US

**New Principal Place of Business:**

**Current Mailing Address:**

37 NORTH ORANGE AVE.  
SUITE 760  
ORLANDO, FL 32801 US

**New Mailing Address:**

**FEI Number:** 73-1680894

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCKENNA, COLEMAN  
C/O REALTREND INC  
37 N. ORANGE AVE., SUITE 760  
ORLANDO, FL 32801 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: DP ( ) Delete  
Name: LOBER, CLIFFORD W  
Address: 1151 N. LBACKWOOD AVE., SUITE 100  
City-St-Zip: OCOEE, FL 34761

Title: DS ( ) Delete  
Name: LOMBARDO, MARK  
Address: 1151 N. BLACKWOOD AVE., SUITE 120  
City-St-Zip: OCOEE, FL 34761

Title: DV ( ) Delete  
Name: WINGATE, DONALD A  
Address: P.O. BOX 220  
City-St-Zip: KILLARNEY, FL 34760

Title: DT ( ) Delete  
Name: PAYNE, NANCY  
Address: 1111 N. BLACKWOOD AVE.  
City-St-Zip: OCOEE, FL 34761

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CLIFFORD LOBER

DP

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date