

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000005592

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



Principal Place of Business

**1151 BLACKWOOD AVE.
#100
OCOE, FL 34761 US**

Mailing Address

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



04222008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

73-1680894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCKENNA, COLEMAN
C/O REALTREND INC
37 N. ORANGE AVE., SUITE 760
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
LOBER, CLIFFORD W
1151 N. LBACKWOOD AVE., SUITE 100
OCOE, FL 34761**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
LOMBARDO, MARK
1151 N. BLACKWOOD AVE., SUITE 120
OCOE, FL 34761**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
WINGATE, DONALD A
P.O. BOX 220
KILLARNEY, FL 34760**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
PAYNE, NANCY
1111 N. BLACKWOOD AVE.
OCOE, FL 34761**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000930580
05/21/08-80114-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/24/08 4028431111
Date Daytime Phone #