

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005592

FILED
Apr 15, 2009
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:

THOMAS, JACQUELINE
C/O REALTREND INC
37 N. ORANGE AVE., SUITE 760
ORLANDO, FL 32801 US

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: JACQUELINE THOMAS

04/15/2009

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: DP (X) Change () Addition
Name: COLON, CARLOS
Address: 1151 N. LBACKWOOD AVE., SUITE 130
City-St-Zip: OCOEE, FL 34761

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 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: CARLOS COLON

DP

04/15/2009

Electronic Signature of Signing Officer or Director

Date