

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000700

FILED
Apr 29, 2008
Secretary of State

Entity Name: LHI PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4512 NORTH FLAGLER DRIVE
SUITE 201
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6848
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 20-0648406 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, HILLARY G ESQ
4512 NORTH FLAGLER DRIVE
SUITE 201A
WEST PALM BEACH, FL 33407 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: PD () Delete
Name: MAY, MARK R
Address: P.O. BOX 6848
City-St-Zip: WEST PALM BEACH, FL 334056848

Title: VD () Delete
Name: KAROSAS, MICHAEL
Address: P.O. BOX 6848
City-St-Zip: WEST PALM BEACH, FL 334056848

Title: STD () Delete
Name: COVE, MICHAEL
Address: P.O. BOX 6848
City-St-Zip: WEST PALM BEACH, FL 334056848

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEDAKIS, JOHN
Address: 4512 N FLAGLER DR #301
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SEC (X) Change () Addition
Name: FIELDS, JOSEPH
Address: 4512 N FLAGLER DR #306
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TR (X) Change () Addition
Name: CLOUGH, RANDY
Address: 4512 N FLAGLER DR #204
City-St-Zip: WEST PALM BEACH, FL 33407

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: JOHN LEDAKIS

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date