

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004599

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** SOUTH LAKE HOSPITAL CENTRE FOR WOMEN'S HEALTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1900 DON WICKHAM DRIVE  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

1900 DON WICKHAM DRIVE  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 59-3322533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LONGACRE, LESLIE  
1900 DON WICKHAM DRIVE  
CLERMONT, FL 34711 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: P  
Name: LONGACRE, LESLIE  
Address: 1900 DON WICKHAM DRIVE  
City-St-Zip: CLERMONT, FL 34711

Title: V  
Name: MOORE, JOHN  
Address: 1900 DON WICKHAM DRIVE  
City-St-Zip: CLERMONT, FL 34711

Title: ST  
Name: SEWELL, LANCE  
Address: 1900 DON WICKHAM DRIVE  
City-St-Zip: CLERMONT, FL 34711

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: LESLIE LONGACRE

CEO

02/09/2011

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

\_\_\_\_\_  
Date