

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04019**

1. Entity Name  
**LAKEFRONT MEDICAL OFFICES CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**655 N. CLYDE MORRIS BLVD., SUITE C  
DAYTONA BEACH, FL 32114**

Mailing Address  
**695 N CLYDE MORRIS BLVD  
DAYTONA BEACH, FL 32114 US**



04222005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2427485**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WILSON, MD VANCE E  
695 N CLYDE MORRIS BLVD  
DAYTON BEACH, FL 32114**

**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, 2005**

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  
**PD  
POSSICK, SYDNEY  
655 N CLYDE MORRIS BLVD SUITE B  
DAYTONA BCH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
HARLEY, DEBORAH  
3800 WOODBRIAR TRAIL  
PORT ORANGE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
WILSON VANCE E,  
695 N CLYDE MORRIS BLVD  
DAYTONA BEACH, FL 32114**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000328571  
04/25/05-80083-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-05

386-258-8722