


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 22, 2006 08:00 A
Secretary of State**

DOCUMENT # N04019 1. Entity Name LAKEFRONT MEDICAL OFFICES CONDOMINIUM ASSOCIATION, INC.	
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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
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03202006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2427485	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WILSON, MD VANCE E 695 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	000000477742 04/05/06 00003 011 61.25
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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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: VANCE E WILSON MD 3-20-06 386-268-8722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #