


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90003 011 \*\*\*\*61.25

<b>DOCUMENT # N04019</b> 1. Entity Name <b>LAKEFRONT MEDICAL OFFICES CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>655 N. CLYDE MORRIS BLVD., SUITE C DAYTONA BEACH, FL 32114</b>			Mailing Address <b>695 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
			02192007 Chg-NP CR2E037 (12/06)		
			4. FEI Number <b>59-2427485</b>		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>WILSON, MD VANCE E 695 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POSSICK, SYDNEY 655 N CLYDE MORRIS BLVD SUITE B DAYTONA BCH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARLEY, DEBORAH 3800 WOODBRIAR TRAIL PORT ORANGE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Davis, Fran 3800 Woodbriar Trail Port Orange FL 32119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON VANCE E, 695 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Vance E Wilson</i>		Vance E Wilson		2-19-2007 386.258.8722	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	