2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04019

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



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

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

ASSOCIA	ATION, INC.								
655 N. CLYDE MORRIS BLVD., SUITE € 69			Mailing Address 695 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114 US						
							1181 8181 111 1		
2. Principal P	Pace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02192007	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State			4. FEI Number 59-2427	485		_ - - 	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		8.75 Add	litional
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R			-
WILSON	MD VANCE E		Name		-				
WILSON, MD VANCE E 695 N CLYDE MORRIS BLVD DAYTON BEACH, FL 32114			Street Address		P.O. Box Number	is Not Acceptable))		
	•		City					7:- 0-4	
			,				<u>FL</u>	Zip Cod	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its r	egistered office	or register	ed agent, or both,	in the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE .									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent sign	ature required	when reinstating)		DATE		
. 1	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund Co			\$5.00 May Be Added to Fees		ake check ida Depart		
10.	Due by May 1, 2007 OFFICERS AND DIR	Trust Fund Co				Flor	ida Depart	ment of S	tate.
10.	OFFICERS AND DIE	Trust Fund Co	11. TITLE		Added to Fees	Flor	ida Depart	ment of S	tate.
10.	OFFICERS AND DIE PD POSSICK, SYDNEY	Trust Fund Co	11. TITLE NAME		Added to Fees	Flor	ida Depart	ECTORS IN	1 10
10. TITLE NAME	OFFICERS AND DIE	Trust Fund Co	11. TITLE		Added to Fees	Flor	ida Depart	ECTORS IN	1 10
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD OFFICERS AND DIE PD POSSICK, SYDNEY 655 N CLYDE MORRIS BLVD SE DAYTONA BCH, FL VPD HARLEY, DEBORAH	Trust Fund Co	Ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Davi	Added to Fees DDITIONS/CHAP S, Fran Woodbrie	Flor	ida Depart	ment of S ECTORS IN	T 10 Addition
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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: Min

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vance E Wilson

2-19-2007

386.258.8722

Date

Daytime Phone #