

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 08:00 A**  
**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



03172008 No Chg-NP

CR2E037 (4/06)

**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  
DAYTONA 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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME POSSICK, SYDNEY  
STREET ADDRESS 655 N CLYDE MORRIS BLVD SUITE B  
CITY-ST-ZIP DAYTONA BCH, FL

TITLE VPD  
NAME DAVIS, FRAN  
STREET ADDRESS 3800 WOODBRIAR TRAIL  
CITY-ST-ZIP PORT ORANGE, FL 32119

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U000000863369  
04/03/08-80088-018 61.25

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vance E. Wilson MD 03/17/2008 386.258.8722

Date

Daytime Phone #