2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04019

Entity Name: LAKEFRONT MEDICAL OFFICES CONDOMINIUM ASSOCIATION, INC.

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

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

FEI Number: 59-2427485   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
WILSON, MD VANCE E 695 N CLYDE MORRIS BLVD DAYTON BEACH, FL 32114 US	

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.

SIGNATURE: _____
              Electronic Signature of Registered Agent   Date

OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title: PD ( ) Delete Name: POSSICK, SYDNEY Address: 655 N CLYDE MORRIS BLVD SUITE B City-St-Zip: DAYTONA BCH, FL	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: VPD ( ) Delete Name: DAVIS, FRAN Address: 3800 WOODBRIAR TRAIL City-St-Zip: PORT ORANGE, FL 32119	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: TD ( ) Delete Name: WILSON VANCE E, Address: 695 N CLYDE MORRIS BLVD City-St-Zip: DAYTONA BEACH, FL 32114	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VANCE E WILSON   TD   05/04/2009
              Electronic Signature of Signing Officer or Director   Date