

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04019

FILED
Apr 07, 2011
Secretary of State

Entity Name: LAKEFRONT MEDICAL OFFICES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

655 N. CLYDE MORRIS BLVD., SUITE C
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

695 N CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 59-2427485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, MD VANCE E
695 N CLYDE MORRIS BLVD
DAYTON BEACH, FL 32114 US

Name and Address of New Registered Agent:

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:

Title: PD
Name: POSSICK, SYDNEY
Address: 655 N CLYDE MORRIS BLVD SUITE B
City-St-Zip: DAYTONA BCH, FL

Title: VPD
Name: DAVIS, FRAN
Address: 3800 WOODBRIAR TRAIL
City-St-Zip: PORT ORANGE, FL 32119

Title: TD
Name: WILSON VANCE E,
Address: 695 N CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby 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 all other like empowered.

SIGNATURE: VANCE E WILSON

TD

04/07/2011

Electronic Signature of Signing Officer or Director

Date