

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04019

**FILED**  
**Mar 20, 2012**  
**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:**

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

**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 WILSON

SEC

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date