

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000003372

FILED
Nov 01, 2007
Secretary of State

Entity Name: LAKE BENNET MEDICAL CENTRE CONDOMINIUM ASSOCIATION II, INC.

Current Principal Place of Business:

11140 WEST COLONIAL DRIVE
SUITE 1
OCOOEE, FL 34761

New Principal Place of Business:

550 EAST SR 434
LONGWOOD, FL 32750

Current Mailing Address:

11140 WEST COLONIAL DRIVE
SUITE 1
OCOOEE, FL 34761

New Mailing Address:

550 EAST SR 434
LONGWOOD, FL 32750

FEI Number: 20-8057206 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

BUSWELL-CHARKOW, DON
11140 WEST COLONIAL DRIVE
SUITE 1
OCOOEE, FL 34761 US

Name and Address of New Registered Agent:

ARNOLD MATHENY & EAGAN P.A.
605 E ROBINSON ST.
SUITE 730
ORLANDO, FL 32801 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: ARTHUR LOUV

11/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUSWELL-CHARKOW, DON
Address: 11140 WEST COLONIAL DRIVE #1
City-St-Zip: OCOEE, FL 34761

Title: VD () Delete
Name: FLORIN, JORGE
Address: 10000 WEST COLONIAL DRIVE #228
City-St-Zip: OCOEE, FL 34761

Title: STD () Delete
Name: BUSWELL-CHARKOW, SANDI
Address: 11140 WEST COLONIAL DRIVE #1
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: ZINKOVICH, LINDA
Address: 550 EAST SR 434
City-St-Zip: LONGWOOD, FL 32750

Title: DIR (X) Change () Addition
Name: SIDDIQUI, MUQUEET MD
Address: 724 CHARLES ST.
City-St-Zip: ORLANDO, FL 32808

Title: DIR (X) Change () Addition
Name: LANG, THOMAS F
Address: 1142 KELTON AVE.
City-St-Zip: OCOEE, FL 34761

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: LINDA ZINKOVICH

DIR

11/01/2007

Electronic Signature of Signing Officer or Director

Date