

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003372

FILED
Apr 05, 2011
Secretary of State

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

Current Principal Place of Business:

235 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

235 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 20-8057206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PA MANAGEMENT
235 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 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: DIR
Name: ZINKOVICH, LINDA
Address: 235 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DIR
Name: MCCOY, MARK DDS
Address: 1146 KELTON AVE.
City-St-Zip: OCOEE, FL 34761

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: LINDA ZINKOVICH

MGRM

04/05/2011

Electronic Signature of Signing Officer or Director

Date