

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12636

FILED  
Apr 20, 2012  
Secretary of State

**Entity Name:** LAKE ESTATES MEDICAL COMPLEX CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5700 N. FEDERAL HWY., STE 1  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

% RENT-AID MGMT SYSTEMS  
120 E. OAKLAND PK BLVD #105-1  
FORT LAUDERDALE, FL 33334

**New Mailing Address:**

**FEI Number:** 65-0003756

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RENT-AID MANAGEMENT SYSTEMS  
1967 MARIETTA DRIVE  
FORT LAUDERDALE, FL 33316 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: ROBERTS, JOHN DR.  
Address: 5700 N FEDERAL HWY. #1  
City-St-Zip: FT LAUDERDALE, FL 33308

Title: STD  
Name: ARIAS, MAYDA DR.  
Address: 5700 N FEDERAL HWY. #3  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: D  
Name: SEAVEY, MITCHEL DR  
Address: 5700 NORTH FEDERAL HWY #2  
City-St-Zip: FORT LAUDERDALE, FL 33316

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: JOHN ROBERTS

PRES

04/20/2012

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

\_\_\_\_\_  
Date