

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90013 050 ****61.25

DOCUMENT # N29198 1. Entity Name LAWNWOOD PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 205-A JFK DRIVE ATLANTIS, FL 33462		Mailing Address 1304 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34983	
2. Principal Place of Business - No P.O. Box # 2100 NEBRASKA AVE		3. Mailing Address 430 NW LAKE WHITNEY PL	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State FT PIERCE FL		City & State PORT ST LUCIE FL	
Zip 34950		Zip 34986	
Country USA		Country USA	
4. FEI Number 59-1764486		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNWOODY, ROBERT C JR 1700 S. 23RD ST. FORT PIERCE, FL 34950-0188		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<div style="display: flex; justify-content: space-between;"> <div> Filing Fee is \$61.25 Due by May 1, 2008 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div> \$5.00 May Be Added to Fees </div> <div> Make check payable to Florida Department of State </div> </div>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DUNWOODY, ROBERT C JR 1700 S. 23RD STREET FORT PIERCE, FL 34950	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARJIEH, ZIAD M 2100 NEBRASKA AVE STE 105 FT. PIERCE, FL 34950	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COLLIN, LLAN S 2100 NEBRASKA AVE STE 107 FORT PIERCE, FL 34950	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		Date: 3/13/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

40048523



03072008 Chg-NP CR2E037 (12/06)