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: MARK J DAVIS

Electronic Signature of Signing Officer/Director Detail

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9500000897

Entity Name: LEWIS CIRCLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

276 LEWIS CIRCLE 111 PUNTA GORDA, FL 33950

Current Mailing Address:

276 LEWIS CIRCLE 111 PUNTA GORDA, FL 33950

FEI Number: 65-0581525

Name and Address of Current Registered Agent:

DAVIS, MARK 276 LEWIS CIRCLE **UNIT 111** PUNTA GORDA, FL 33950 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

Officer/Direc

	Title	DP	Title	DVST
	Name	DAVIS, MARK	Name	BALLUS, JAMES
	Address	276 LEWIS CIRCLE #111	Address	276 LEWIS CIRCLE, UNIT 112
	City-State-Zip:	PUNTA GORDA FL 33950	City-State-Zip:	PUNTA GORDA FL 33950

E:						
Electronic Signature of Registered Agent						
ctor Detail :						
)P	Title	DVST				
DAVIS, MARK	Name	BALLUS, JAMES				
		or Detail : DP Title				

03/23/2015 DP Date

FILED Mar 23, 2015 Secretary of State CC8148757862

Certificate of Status Desired: No

Date