

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700905

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: DOWNTOWN LAKE LAND PARTNERSHIP, INC.

**Current Principal Place of Business:**

P.O. BOX 3499  
LAKE LAND, FL 33802

**New Principal Place of Business:**

1 LAKE MORTON DRIVE  
LAKE LAND, FL 33801

**Current Mailing Address:**

P.O. BOX 3499  
LAKE LAND, FL 33802

**New Mailing Address:**

FEI Number: 59-3186443      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HALLOCK, DAVID D JR.  
LANE, TROHN, BERTRAND & VREELAND, P.A.  
ONE LAKE MORTON DRIVE  
LAKE LAND, FL 33801 US

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

HALLOCK, DAVID D JR.  
GRAYROBINSON  
ONE LAKE MORTON DRIVE  
LAKE LAND, FL 33801 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/17/2007

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: VREELAND, HOLLY  
Address: 129 S. KY. AVE  
City-St-Zip: LAKE LAND, FL 33801

Title: PD ( ) Delete  
Name: BROOKS, CHANDLER  
Address: 820 S. FLORIDA AVE.  
City-St-Zip: LAKE LAND, FL 33801

Title: SD ( ) Delete  
Name: BRIENT, LINDA  
Address: 121 S. KENTUCKY AVE.  
City-St-Zip: LAKE LAND, FL 33801

Title: TD ( ) Delete  
Name: SIMMS, ELLEN  
Address: 117 S. KENTUCKY AVE.  
City-St-Zip: LAKE LAND, FL 33801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: VREELAND, HOLLY  
Address: 129 S. KY. AVE  
City-St-Zip: LAKE LAND, FL 33801

Title: VD (X) Change ( ) Addition  
Name: JOHN, HUTTO  
Address: 130 S KENTUCKY AVE  
City-St-Zip: LAKE LAND, FL 33801

Title: SD (X) Change ( ) Addition  
Name: B. J., MILLER  
Address: 4025 S PIPKIN RD  
City-St-Zip: LAKE LAND, FL 33811

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ELLEN H SIMMS

Electronic Signature of Signing Officer or Director

TD

04/17/2007

Date