

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90286 050 ****61.25

DOCUMENT # N02000000354

1. Entity Name

LAKE LETA TRACE ASSOCIATION, INC.



Principal Place of Business

5911 BRECKENRIDGE PKWY
SUITE H
TAMPA FL 33610

Mailing Address

STERLING MANAGEMENT, INC.
2880 SCHERER DRIVE STE 840
SAINT PETERSBURG FL 33716

2. Principal Place of Business

2880 Scherer Dr

Suite, Apt. #, etc.

840

City & State

Saint Petersburg FL

Zip

33716

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3719332

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

KING, JEFFREY
5911 BRECKENRIDGE PKWY
SUITE H
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name

Ron Cottrell

Street Address (P.O. Box Number is Not Acceptable)

400 N. Tampa St #2625

City

Tampa

FL

Zip Code

33602

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

Ron Cottrell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing: Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KESLER, AL	
STREET ADDRESS	2630 S FALKENBERG	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COLANGELO, MICHAEL	
STREET ADDRESS	2630 S FALKENBERG	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JUNE, ROBB	
STREET ADDRESS	2630 S FALKENBERG	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sylvia Harrison D/P	
STREET ADDRESS	5515 Lake Leta Blvd.	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol Bassily	
STREET ADDRESS	5527 Lake Leta Blvd.	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Craig Szemay	
STREET ADDRESS	5529 Lake Leta Blvd	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Craig Szemay **Craig Szemay**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04

Date

727-299-9555

Daytime Phone #