


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90196 006 ****61.25

DOCUMENT # N02000000354

1. Entity Name
LAKE LETA TRACE ASSOCIATION, INC.



Principal Place of Business Mailing Address

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

2. Principal Place of Business 3. Mailing Address

2870 Scherer Dr. N **2870 Scherer Dr. N**

Suite, Apt. #, etc. Suite, Apt. #, etc.


100 **100**

City & State City & State

St. Petersburg, FL **St. Petersburg, FL**

Zip Country Zip Country

33716 **USA** **33716** **USA**



1st MOORE CR2E037 (10/05)

4. FEI Number Applied For

59-3719332 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COTTERILL, RON
 400 N. TAMPA ST. #2625
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **Ron Cotterill**

Street Address (P.O. Box Number is Not Acceptable) **1010 N. Florida Ave**

City **Tampa** State **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 *Ronald Cotterill* DATE **4-13-06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006

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	DP	<input type="checkbox"/> Delete
NAME	HARRISON, SYLVIA	
STREET ADDRESS	5515 LAKE LETA BLVD.	
CITY - ST - ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, GEORGE	
STREET ADDRESS	5521 LAKE LETA BLVD	
CITY - ST - ZIP	TAMPA FL 33624	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SZENAY, CRAIG	
STREET ADDRESS	5529 LAKE LETA BLVD.	
CITY - ST - ZIP	TAMPA FL 33624	
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 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		
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 exemptions contained in Section 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: *George Mitchell* DATE: **4/6/06**