

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 14, 2010
Secretary of State

Entity Name: LAKE LETA TRACE ASSOCIATION, INC.

Current Principal Place of Business:

2870 SCHERER DR N STE 100
SAINT PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

2870 SCHERER DR N STE 100
2880 SCHERER DRIVE STE 840
SAINT PETERSBURG, FL 33716

New Mailing Address:

2870 SCHERER DR N STE 100
SAINT PETERSBURG, FL 33716

FEI Number: 59-3719332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTTERILL, RON
1010 N FLORIDA AVE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: P
Name: EDWARDS, JAMES S
Address: 5508 LAKE LETA BLVD
City-St-Zip: TAMPA, FL 33624

Title: T
Name: TROMP, JOHANNA
Address: 16207 LETA TRACE COURT
City-St-Zip: TAMPA, FL 33624

Title: VP
Name: HARRISON, SILVIA
Address: 5515 LAKE LETA BLVD
City-St-Zip: TAMPA, FL 33624

Title: VP
Name: WILLIAMS, CHRISTOPHER
Address: 5513 LAKE LETA BLVD
City-St-Zip: TAMPA, FL 33624

Title: S
Name: CASELEY, HESTER C
Address: 5527 LAKE LETA BLVD
City-St-Zip: TAMPA, FL 33624

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: JULIAN CROSS

LCAM

04/14/2010

Electronic Signature of Signing Officer or Director

Date