


**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000000354

1. Entity Name
 LAKE LETA TRACE ASSOCIATION, INC.



55048709

Principal Place of Business
 5911 BRECKENRIDGE PKWY
 SUITE H
 TAMPA, FL 33610

Mailing Address
~~5911 BRECKENRIDGE PKWY
 SUITE H
 TAMPA, FL 33610~~

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Sterling Management, Inc.
 2880 Scherer Drive, Suite 840
 St Petersburg, Florida 33716

City & State
 St Petersburg, Florida 33716

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3719332** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 KING, JEFFREY
 5911 BRECKENRIDGE PKWY
 SUITE H
 TAMPA, FL 33610

OK

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW FEES \$67.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	AL KESLER 2630 S. FAULKENBURG, RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE OTD	MICHAEL COLANGELO 2630 S. FAULKENBURG, RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	ROBB JUNE 2630 S. FAULKENBURG, RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or other like empowered.

SIGNATURE: Al Kesler 4/28/03 727-299-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AL KESLER

CFR2037 (11/02)



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

Attachment
55048709

#N020000000354

59-3719332

May 30, 2003

LAKE LETA TRACE ASSOCIATION, INC.
C/O STERLING MANAGEMENT, INC.
2880 SCHERER DRIVE, SUITE 840
ST. PETERSBURG, FL 33716

SUBJECT: LAKE LETA TRACE ASSOCIATION, INC.
Ref. Number: N02000000354

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To insure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 488-9000.

Division of Corporations

Letter Number: 503A00034213

Julc-

Give ~~the~~ Linda the FEI

*Number so this can
set filed*

Todd