

FILED
Feb 16, 2005 8:00 am
Secretary of State

66002103

DOCUMENT # N02000008016			
1. Entity Name LUMSDEN EXECUTIVE PARK ASSOCIATION, INC.			
Principal Place of Business 601 W LUMSDEN RD BRANDON, FL 33511		Mailing Address 601 W LUMSDEN RD BRANDON, FL 33511	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 01-0799149		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALBAUGH, MITHCELL E 314 E BLOOMINGDALE AVE BRANDON, FL 33511		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 _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renaming) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P HOCTER, JOSEPH C 809 CHIPOLADY DR APOLLO BEACH, FL 33572 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda Hagen 617 W Lumsden Rd Brandon, FL 33511 ☐ Change ☒ Addition Pres.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUTHER, SUE 679 W LUMSDEN RD BRANDON, FL 33511 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Laney 637 A W Lumsden Rd Brandon, FL 33511 ☐ Change ☒ Addition VICE Pres
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAGRUDER, PATRICIA 655 W LUMSDEN RD BRANDON, FL 33511 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATRICIA Magruder 655 W Lumsden Rd Brandon, FL 33511 ☐ Change ☒ Addition Treasure
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 all other like empowered.			
SIGNATURE: 		Date: 1/14/05 813-654-3100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	