

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004075

FILED  
Jul 07, 2008  
Secretary of State

**Entity Name:** LAKEWOOD RANCH BUSINESS ALLIANCE, INC.

**Current Principal Place of Business:**

14400 COVENANT WAY  
LAKEWOOD RANCH, FL 34202

**New Principal Place of Business:**

**Current Mailing Address:**

14400 COVENANT WAY  
LAKEWOOD RANCH, FL 34202

**New Mailing Address:**

**FEI Number:** 20-2718333      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SANTIAGO, VICTOR G ESQ.  
1819 MAIN ST., SUITE 610  
SARASOTA, FL 34236      US

**Name and Address of New Registered Agent:**

PARSONS, ROBIN  
14400 COVENANT WAY  
LAKEWOOD RANCH, FL 34202      US

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: ROBIN PARSONS

07/07/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CHR      ( ) Delete  
Name: CERRETA, CRAIG  
Address: 14400 COVENANT WAY  
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: CHRE      ( ) Delete  
Name: MARINACCIO, LOU  
Address: 14400 COVENANT WAY  
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: T      ( ) Delete  
Name: JONES, BARBARA A CPA  
Address: 14400 COVENANT WAY  
City-St-Zip: LAKEWOOD RANCH, FL 34202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CHR      (X) Change ( ) Addition  
Name: MARINACCIO, LOU  
Address: 14400 COVENANT WAY  
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: CHR      (X) Change ( ) Addition  
Name: MORGAN, MICHELE  
Address: 14400 COVENANT WAY  
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA JONES

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07/07/2008

Electronic Signature of Signing Officer or Director

Date