


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90414 047 ****61.25

DOCUMENT # N11855					
1. Entity Name LAKE LUCIEN EXECUTIVE CENTER, INC.					
Principal Place of Business 2479 ALOMA AVE WINTER PARK, FL 32792 US			Mailing Address P O BOX 1748 WINTER PARK, FL 32790 US		
2. Principal Place of Business - No P.O. Box # 400 W. Morse Blvd.		3. Mailing Address			
Suite, Apt. #, etc. Ste 101		Suite, Apt. #, etc.			
City & State Winter Park, FL		City & State		4. FEI Number 59-2765278	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 32789		Country		Zip Country	
6. Name and Address of Current Registered Agent GARDNER, JOSEPH J 2479 ALOMA AVE WINTER PARK, FL 32792			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input checked="" type="checkbox"/> Delete		TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, CHRISTOPHER J			NAME	Gardner Christopher J.
STREET ADDRESS	2479 ALOMA AVE			STREET ADDRESS	400 W. Morse Blvd, Ste 101
CITY-ST-ZIP	WINTER PARK, FL 32792			CITY-ST-ZIP	Winter Park, FL 32789
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, RICHARD F			NAME	
STREET ADDRESS	ONE AMERICAN ROW			STREET ADDRESS	
CITY-ST-ZIP	HARTFORD, CT			CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKELY, EUGENE C			NAME	
STREET ADDRESS	2201 LUCIEN WAY			STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 32751			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSTICE, ALBERT N			NAME	
STREET ADDRESS	19329 US 19 N #100			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, DENNIS			NAME	
STREET ADDRESS	600 CLEVELAND ST #900			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Christopher Gardner</u> <u>Christopher Gardner</u> <u>4/10/07</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	

400120



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