

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11855

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: LAKE LUCIEN EXECUTIVE CENTER, INC.

**Current Principal Place of Business:**

2200 LUCIEN WAY  
STE. 150  
MAITLAND, FL 32751 US

**New Principal Place of Business:**

**Current Mailing Address:**

2200 LUCIEN WAY  
STE. 150  
MAITLAND, FL 32751 US

**New Mailing Address:**

FEI Number: 59-2765278      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RALSTON, GARY M  
151 TRISMEN TERRACE  
WINTER PARK, FL 32789 US

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

RALSTON, GARY M  
2200 LUCIEN WAY SUITE 150  
MAITLAND, FL 32751 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: GARY RALSTON

01/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RALSTON, GARY  
Address: 2200 LUCIEN WAY, STE. 150  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: FLORES, FELICIA  
Address: 1060 MAITLAND CENTER COMMONS, STE. 400  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: BRENNAN, WILLIAM  
Address: 2251 LUCIEN WAY, STE. 320  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: VEILLIEUX, BERNY  
Address: 2301 LUCIEN WAY STE. 135  
City-St-Zip: MAITLAND, FL 32751

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

Title: PD (X) Change ( ) Addition  
Name: RALSTON, GARY  
Address: 2200 LUCIEN WAY SUITE 150  
City-St-Zip: MAITLAND, FL 32751

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

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

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: GARY RALSTON

PD

01/20/2009

Electronic Signature of Signing Officer or Director

Date