

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004340

FILED
Apr 21, 2009
Secretary of State

Entity Name: LYNMAR COMMERCE PARK ASSOCIATION, INC.

Current Principal Place of Business:

5844 OLD PASCO RD
STE 100
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

5844 OLD PASCO RD
STE 100
WESLEY CHAPEL, FL 33544 US

New Mailing Address:

FEI Number: 59-3511073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIZZETTA & COMPANY, INC.
5844 OLD PASCO RD
SUITE 100
ZEPHYRHILLS, FL 33544 US

Name and Address of New Registered Agent:

RIZZETTA & COMPANY, INC.
5844 OLD PASCO RD
SUITE 100
WESLEY CHAPEL, FL 33544 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: _____ Date: 04/21/2009
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OWENS, DICK
Address: 13901 LYNMAR BOULEVARD
City-St-Zip: TAMPA, FL 33626

Title: VD () Delete
Name: TERENZI, RON
Address: 4400 118TH AVE STE 302
City-St-Zip: CLEARWATER, FL 33762

Title: STD (X) Delete
Name: MYERS, KATHY
Address: 13929 LYNMAR BLVD
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OWENS, DICK
Address: 13901 LYNMAR BOULEVARD
City-St-Zip: TAMPA, FL 33626

Title: V (X) Change () Addition
Name: HARDEN, JAMIE
Address: 12801 COMMODITY PLACE
City-St-Zip: TAMPA, FL 33626

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: DICK OWENS P 04/21/2009
Electronic Signature of Signing Officer or Director Date