

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11855

**FILED**  
**Jan 17, 2017**  
**Secretary of State**  
**CC3402023220**

**Entity Name:** LAKE LUCIEN EXECUTIVE CENTER, INC.

**Current Principal Place of Business:**

1060 MAITLAND CENTER COMMONS  
SUITE 400 - FELICIA FLORES  
MAITLAND, FL 32751

**Current Mailing Address:**

1060 MAITLAND CENTER COMMONS  
SUITE 400 - FELICIA FLORES  
MAITLAND, FL 32751 US

**FEI Number:** 59-2765278

**Certificate of Status Desired:** No

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

FLORES, FELICIA K  
1060 MAITLAND CENTER COMMONS  
SUITE 400  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name FLORES, FELICIA K  
Address 1060 MAITLAND CENTER COMMONS  
SUITE 400  
City-State-Zip: MAITLAND FL 32751

Title D  
Name VILLAGE, RICHARD SIII  
Address 1060 MAITLAND CENTER COMMONS  
SUITE 400  
City-State-Zip: MAITLAND FL 32751

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

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

*I hereby 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 all other like empowered.*

**SIGNATURE:** FELICIA K FLORES

PD

01/17/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date