

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000006847

**Entity Name:** ARTISAN LAKES COMMERCIAL PARK ASSOCIATION, INC.

**FILED**  
**Apr 26, 2023**  
**Secretary of State**  
**3325913832CC**

**Current Principal Place of Business:**

10210 HIGHLAND MANOR DR.  
SUITE 400-A  
TAMPA, FL 33610

**Current Mailing Address:**

10210 HIGHLAND MANOR DR.  
SUITE 400-A  
TAMPA, FL 33610 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR. SUITE A  
PLANTATION, FL 32301 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            PRESIDENT, DIRECTOR  
Name            MILLER, ANDREW ("DREW")  
Address        10210 HIGHLAND MANOR DR.  
                  SUITE 400-A  
City-State-Zip: TAMPA FL 33610

Title            DIRECTOR  
Name            LEE, ROBERT  
Address        10210 HIGHLAND MANOR DR.  
                  SUITE 400-A  
City-State-Zip: TAMPA FL 33610

Title            SECRETARY, TREASURER,  
                  DIRECTOR  
Name            STAGNITTA, TRAVIS  
Address        10210 HIGHLAND MANOR DR.  
                  SUITE 400-A  
City-State-Zip: TAMPA FL 33610

Title            VP  
Name            BARBER, ROBERT ("ROB")  
Address        10210 HIGHLAND MANOR DR.  
                  SUITE 400-A  
City-State-Zip: TAMPA FL 33610

Title            VP  
Name            MILLER, DOUGLAS D.  
Address        10210 HIGHLAND MANOR DR.  
                  SUITE 400-A  
City-State-Zip: TAMPA FL 33610

*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: ANDREW ("DREW") MILLER**

**PRESIDENT**

**04/26/2023**

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

\_\_\_\_\_  
Date