

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N01000008422**

1. Entity Name  
**LAKE MARY MONTESSORI ACADEMY, INC.**



Principal Place of Business  
**3551 W LAKE MARY BLVD STE 205  
LAKE MARY, FL 32746**

Mailing Address  
**1100 CLINGING VINE PLACE  
WINTER SPRINGS, FL 32708**



01042007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-0391610**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LINVILLE, SHEILA  
1100 CLINGING VINE PL  
WINTER SPRINGS, FL 32708**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee Is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DVST  
LINVILLE, SCOTT  
1100 CLINGING VINE PL STE 205  
WINTER SPRINGS, FL 32708**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP  
LINVILLE, SHEILA  
1100 CLINGING VINE PL STE 205  
WINTER SPRINGS, FL 32708**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DYCUS, RON  
205 N ELM AVE  
SANFORD, FL 32771**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**U000000709478  
04/25/07-80004-023 61.25**

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Scott A. Linville**

**4/11/07**  
Date

**407-699-0520**  
Daytime Phone #