2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2006 8:00 am **Secretary of State DOCUMENT # N02000008016** 01-20-2006 90025 007 ****61.25 LUMSDEN EXECUTIVE PARK ASSOCIATION, INC. Principal Place of Business Mailing Address 601 W LUMSDEN RD 601 W LUMSDEN RD BRANDON, FL 33511 BRANDON, FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 Cha-NP CR2E037 (11/05) 4. FEI Number 01-0799149 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAGRUDER, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 655 W LUMSDEN RD BRANDON, FL 33511 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Robert Laney 637 A W Lunsden Rd TITLE Defete TIT) F ☐ Addition HAGAN, LINDA NAME NAME STREET ADDRESS 617 W LUMSDEN RD STREET ADDRESS Brandor, Fe 33511 CITY-ST-ZIP CITY-ST-ZIP BRANDON, FL 33511 Delete Vice Pres ☐ Addition Nodia Goodarzi LANEY, ROBERT NAME NAME 627 W Lumsden Rd BRANDON, I= 6 33511 STREET ADDRESS 637A W LUMSDEN RD STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 CITY-ST-ZIP Delete ☐ Addition TITL F TITI F ☐ Change MAGRUDER, PATRICIA NAME NAME STREET ADDRESS 655 W LUMSDEN RD STREET ADDRESS BRANDON, FL 33511 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Defete

1/13/06 813-654-3100
Date Dayline Phone #

FILED

☐ Change

Addition