

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90218 044 ****61.25

0099599

DOCUMENT # N02045

1. Entity Name

1250 LAKE CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2180 W SR 434
STE 5000
LONGWOOD FL 32779-5001
US**

Mailing Address

**2180 W SR 434
STE 5000
LONGWOOD FL 32779-5001
US**

2. Principal Place of Business

2180 W SR 434

3. Mailing Address

Suite, Apt. #, etc.

SUITE 5000

City & State

LONGWOOD FL

City & State

4. FEI Number **59-2418794**

Applied For

Not Applicable

Zip **32779-5044**

Country **US**

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HART, JR., JAMES W
SENTRY MGMT. INC
2180 W. SR 434 STE. 5000
LONGWOOD FL 32779-5001**

7. Name and Address of New Registered Agent

**JAMES W HART JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **NADROWSKI, LARRY**
STREET ADDRESS **1250 S HWY 17-92 STE 150**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **VPD** ☐ Delete
NAME **KIRK, GREG**
STREET ADDRESS **1250 SOUTH HIGHWAY 17-92 #230**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **TD** ☐ Delete
NAME **MCNAIR, CRAIG**
STREET ADDRESS **1250 SOUTH HWY 17-92 #250**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of Craig McNaair

4/8/03

407-830-5717

CR2E037 (10/02)