

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90343 024 \*\*\*\*61.25

DOCUMENT # N03000004939

1. Entity Name

SOUTH LEESBURG BUSINESS CENTER PROPERTY  
OWNERS ASSOCIATION, INC.



Principal Place of Business

129 LAKESHORE DRIVE  
LEESBURG FL 34748

Mailing Address

129 LAKESHORE DRIVE  
LEESBURG FL 34748

2. Principal Place of Business

34035 PARKVIEW AVE

Suite, Apt. #, etc.

3. Mailing Address

34035 PARKVIEW AVE

Suite, Apt. #, etc.

City & State

EUSTIS FL

City & State

EUSTIS FL

Zip

32736

Country

LAKE

Zip

32736

Country

LAKE

4. FEI Number

57-1184855

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUCHANAN, PAUL  
129 LAKESHORE DRIVE  
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name

ROY CARDE CARTER JR.

Street Address (P.O. Box Number is Not Acceptable)

34035 PARKVIEW AVE

City

EUSTIS

FL

Zip Code

32736

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 ROY CARDE CARTER JR. SEC. TRE

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

(NOTE: Registered Agent signature required when reinstating)

4/19/05

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2005

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	D	<input checked="" type="checkbox"/> Delete
NAME	BUCHANAN, PAUL	
STREET ADDRESS	129 LAKESHORE DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CANTER, AUDETT T	
STREET ADDRESS	1500 SOUTH POINTE DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, ROY C JR	
STREET ADDRESS	34035 PARKVIEW DRIVE	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILLY CAROWELL	
STREET ADDRESS	572 SUMMERWOOD DRIVE	
CITY-ST-ZIP	MINNEOLA FL 34715	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN P. VERMILLION	
STREET ADDRESS	10230 JOANIES RUN	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROY C CARTER JR.	
STREET ADDRESS	34035 PARKVIEW AVE	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: ROY C. CARTER JR. 4/19/05 352-383-2101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #