

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

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90060 043 \*\*\*\*61.25

**DOCUMENT # N03000007813**

1. Entity Name

**LENA ROAD COMMERCIAL CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**9129 16TH AVENUE CIRCLE NW  
BRADENTON FL 34209**

Mailing Address

**2614 MANATEE AVE W  
BRADENTON FL 34205**

**50009707**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**2425 Manatee Ave W**

Suite, Apt. #, etc.

City & State

City & State

**Bradenton, FL**

Zip

Country

Zip

**34205**

Country

4. FEI Number

**20-0796761**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LEHMAN, TIM  
9129 16TH AVENUE CIRCLE NW  
BRADENTON FL 34209**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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 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  
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	PD	<input type="checkbox"/> Delete
NAME	<b>MCKEITHEN, KEN</b>	
STREET ADDRESS	<b>5915 RIVER FOREST CIRCLE</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>SMITH, BERNIS</b>	
STREET ADDRESS	<b>301 17TH STREET E</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34508</b>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>LEHMAN, TIM</b>	
STREET ADDRESS	<b>9129 16TH AVENUE CIRCLE NW</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Timothy P. Lehman* **TIMOTHY P. LEHMAN**

**1/26/05**

Date

**(941) 795-7448**

Daytime Phone #