


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90204 036 ****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 2425 MANATEE AVE W BRADENTON FL 34205			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0796761 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEHMAN, TIM 9129 16TH AVENUE CIRCLE NW BRADENTON FL 34209			Name Ken McKeithen Street Address (P.O. Box Number is Not Acceptable) 5915 River Forest Cir. City Bradenton FL Zip Code 34203		
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. <div style="text-align: right; margin-right: 100px;"> Ken McKeithen, Treasurer </div> SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEITHEN, KEN		NAME		
STREET ADDRESS	5915 RIVER FOREST CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	BRADENTON FL 34203		CITY - ST - ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, BERNIS		NAME	Robert Zabriske	
STREET ADDRESS	301 17TH STREET E		STREET ADDRESS	3229 81st Ct E	
CITY - ST - ZIP	BRADENTON FL 34508		CITY - ST - ZIP	Bradenton, FL 34211	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEHMAN, TIM		NAME	Eleanor Perkins	
STREET ADDRESS	9129 16TH AVENUE CIRCLE NW		STREET ADDRESS	4302 Pompano Lane	
CITY - ST - ZIP	BRADENTON FL 34209		CITY - ST - ZIP	Palmetto, FL 34221	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ken McKiethen

(941) 962-1473