

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000019

FILED
Feb 12, 2009
Secretary of State

Entity Name: LAKE WASHINGTON BUSINESS CENTER OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3600 HIDEAWAY LANE
MELBOURNE, FL 32934

New Principal Place of Business:

15 WEST HIBISCUL BLVD
MELBOURNE, FL 32901

Current Mailing Address:

3600 HIDEAWAY LANE
MELBOURNE, FL 32934

New Mailing Address:

2447 N. WICKHAM ROAD #138
PRIVATE MAILBOX # 105
MELBOURNE, FL 32935

FEI Number: 56-2579350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOHRR, PHILIP F
1800 W HIBISCUS BLVD
SUITE 138
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OSMAN, VICTOR
Address: 3600 HIDEAWAY LANE
City-St-Zip: MELBOURNE, FL 32934

Title: VST () Delete
Name: OSMAN, JUDY
Address: 3600 HIDEAWAY LANE
City-St-Zip: MELBOURNE, FL 32934

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GATTO, PAMELA
Address: 15 W. HIBISCUS BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: ST (X) Change () Addition
Name: MAYER, JR., CARLO R
Address: 2920 BUSH DRIVE SUITE 104
City-St-Zip: MELBOURNE, FL 32935

Title: VP () Change (X) Addition
Name: OSMAN, VICTOR
Address: 3600 HIDEAWAY LANE
City-St-Zip: MELBOURNE, FL 32934

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLO R MAYER, JR.

ST

02/12/2009

Electronic Signature of Signing Officer or Director

Date