

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008334

FILED
Apr 29, 2005
Secretary of State

Entity Name: LEESBURG COMMERCE PARK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1194 CAMP AVENUE
MT. DORA, FL 32756 US

New Principal Place of Business:

1194 CAMP AVENUE
MOUNT DORA, FL 32756 US

Current Mailing Address:

PO BOX 255
MOUNT DORA, FL 32756 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHEEK, WARD A
1194 CAMP AVE.
MOUNT DORA, FL 32757 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: PVST () Delete
Name: CHEEK, WARD A
Address: 1194 CAMP AVE.
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: CHEEK, WARD A
Address: 1194 CAMP AVE.
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: DUNKEL, RICH
Address: 1194 CAMP AVE
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: CHEEK, DIANE B
Address: 1194 CAMP AVE.
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WARD A. CHEEK

PVST

04/29/2005

Electronic Signature of Signing Officer or Director

Date