

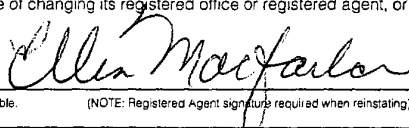
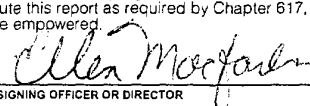


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90002 042 ****61.25

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|--|--|--|--|--|---|
| DOCUMENT # N05000006014 1. Entity Name LUMSDEN PROPERTY OWNERS MAINTENANCE ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707 | | | Mailing Address 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707 | | |
| 2. Principal Place of Business - No P.O. Box # 201 North Franklin Street | | 3. Mailing Address 201 North Franklin Street, Suite 2000 | |  | |
| Suite, Apt. #, etc. Suite 2000 | | Suite, Apt. #, etc. Suite 2000 | | | |
| City & State Tampa, Florida | | City & State Tampa, Florida | | | |
| Zip 33602 | | Country USA | | 4. FEI Number 20-2985473 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent CORPORATE ACCESS, INC. 236 E. 6TH AVE. TALLAHASSEE, FL 32303 | | | 7. Name and Address of New Registered Agent Name Ellen M. Macfarlane, Esq. Street Address (P.O. Box Number is Not Acceptable) 201 North Franklin Street, Suite 2000 City Tampa, Florida FL Zip Code 33602 | | |
| 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 <u>Ellen M. Macfarlane, Esq.</u>  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | D SHER, CRAIG H 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Ellen M. Macfarlane, Esq. 201 North Franklin Street, Suite 2000 Tampa, Florida 33602 |
| | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP SEMBLER, GREGORY S 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Steve Brown 205 S. Hoover Blvd, Suite 402 Tampa, Florida 33609 |
| | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SEMBLER, BRENT W 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Kristin Furness 450 South Orange Ave, Suite 900 Orlando, Florida 32801 |
| | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Joseph Pante 5903 Falconwood Pl Lithia, FL 33547 |
| | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Leoda O. Swanson 2424 Kennedy St. NE Minneapolis, MN 55413 |
| | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Owen Chastain P.O. Box 880908 Port Saint Lucie, FL 34988-0908 |
| | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Ellen M. Macfarlane, Esq.</u>  813-273-4200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |