

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006890

FILED  
Jan 12, 2006  
Secretary of State

**Entity Name:** LUMAR PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1855 SE PORT ST. LUCIE BLVD  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

1849 SE PORT ST. LUCIE BLVD  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

1855 SE PORT ST. LUCIE BLVD  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

LUMAR PLAZA  
P.O. BOX 881208  
PORT ST. LUCIE, FL 34988

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILDNER, ROY T  
101 N. U.S. HIGHWAY 1  
SUITE 200  
FT. PIERCE, FL 34950 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: D ( ) Delete  
Name: ANZIL, LOUIS  
Address: 1855 SE PORT ST. LUCIE BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D ( ) Delete  
Name: ANZIL, MARK  
Address: 1855 SE PORT ST. LUCIE BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D ( ) Delete  
Name: ANZIL, LISA  
Address: 1855 SE PORT ST. LUCIE BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ANZIL, LOUIS  
Address: 1849 SE PORT ST. LUCIE BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D (X) Change ( ) Addition  
Name: ANZIL, MARK  
Address: 1849 SE PORT ST. LUCIE BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D (X) Change ( ) Addition  
Name: ANZIL, LISA  
Address: 1849 SE PORT ST. LUCIE BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA ANZIL

D

01/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date