

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 05, 2007
Secretary of State**

DOCUMENT# N05000006890

Entity Name: LUMAR PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

550 SW PRIMA VISTA BLVD
PORT ST. LUCIE, FL 34983

Current Mailing Address:

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

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:

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: 1849 SE PORT ST. LUCIE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34952

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

Title: D () Delete
Name: ANZIL, LISA
Address: 1849 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: 550 SW PRIMA VISTA BLVD
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D (X) Change () Addition
Name: ANZIL, MARK
Address: 550 SW PRIMA VISTA BLVD
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D (X) Change () Addition
Name: ANZIL, LISA
Address: 550 SW PRIMA VISTA BLVD
City-St-Zip: PORT ST. LUCIE, FL 34983

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

01/05/2007

Electronic Signature of Signing Officer or Director

_____ Date