

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009733

FILED
Apr 20, 2006
Secretary of State

Entity Name: LOST LAKE PROFESSIONAL VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-3549355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGMENT INC
2180 W. STATE ROAD 434, SUITE 5000
LONGWOOD, FL 327795044 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: () Delete
Name:
Address:
City-St-Zip:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Change (X) Addition
Name: LERNER, HARRY
Address: 3434 COLWELL AVE STE 120
City-St-Zip: TAMPA, FL 33614

Title: VPTD () Change (X) Addition
Name: CRADDOCK, F HOOD
Address: 3434 COLWELL AVE STE 120
City-St-Zip: TAMPA, FL 33614

Title: SD () Change (X) Addition
Name: MATHIESON, CAROLYN
Address: 3434 COLWELL AVE STE 120
City-St-Zip: TAMPA, FL 33614

Title: D () Change (X) Addition
Name: WILSON, CLAY
Address: 3434 COLWELL AVE STE 120
City-St-Zip: TAMPA, FL 33614

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: HARRY LERNER

PD

04/20/2006

Electronic Signature of Signing Officer or Director

Date