

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000009815

FILED
Oct 10, 2006
Secretary of State

Entity Name: LAKESIDE COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1526 FAHNSTOCK STREET
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

1526 FAHNSTOCK STREET
EUSTIS, FL 32726

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOWERS, MICHAEL C
1526 FAHNSTOCK STREET
EUSTIS, FL 32726 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: MICHAEL C. MOWERS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: MOWERS, MICHAEL C
Address: 1526 FAHNSTOCK STREET
City-St-Zip: EUSTIS, FL 32726

Title: T () Delete
Name: MOWERS, MICHAEL C
Address: 1526 FAHNSTOCK STREET
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: MOWERS, CHRISTINA D
Address: 1526 FAHNSTOCK STREET
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: BAUGHMAN, JONAS B
Address: 1526 FAHNSTOCK STREET
City-St-Zip: EUSTIS, FL 32726

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 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: MICHAEL C. MOWERS

DVPS

10/10/2006

Electronic Signature of Signing Officer or Director

Date