

AMENDED
**2006 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT (AR)**

5/8/2006-90283-041-\$61.25-\$61.25

DOCUMENT # N05000009815

1. Entity Name

**LAKESIDE COMMERCE CENTER PROPERTY OWNERS
 ASSOCIATION, INC.**



Principal Place of Business

**1526 FAHNSTOCK STREET
 EUSTIS FL 32726**

Mailing Address

**1526 FAHNSTOCK STREET
 EUSTIS FL 32726**

2. Principal Place of Business

3714 CR 561

3. Mailing Address

3714 CR 561

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tavares, FL

City & State

Tavares, FL

Zip
32778

Country

Zip
32778

Country

4. FEI Number

20-5745953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

1st MOORE

CR2E037 (10/05)

**FILED
 06 OCT 26 AM 10:22**

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



6. Name and Address of Current Registered Agent

**MOWERS, MICHAEL C
 1526 FAHNSTOCK STREET
 EUSTIS FL 32726**

7. Name and Address of New Registered Agent

Name **Mowers, Michael C**

Street Address (P.O. Box Number is Not Acceptable)

3714 CR 561

City **Tavares, FL**

FL

Zip Code
32778

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

[Signature]

Signature, typed or printed name of registered agent with title, if applicable

(NOTE: Registered Agent signature required when resigning)

7-20-06

DATE

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2006**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **DPVS**
 STREET ADDRESS **MOWERS, MICHAEL C**
 CITY - ST - ZIP **1526 FAHNSTOCK STREET
 EUSTIS FL 32726**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **MOWERS, MICHAEL C**
 CITY - ST - ZIP **1526 FAHNSTOCK STREET
 EUSTIS FL 32726**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MOWERS, CHRISTINA D**
 CITY - ST - ZIP **1526 FAHNSTOCK STREET
 EUSTIS FL 32726**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BAUGHMAN, JONAS B**
 CITY - ST - ZIP **1526 FAHNSTOCK STREET
 EUSTIS FL 32726**

TITLE ☐ Delete
 NAME *[Signature]*
 STREET ADDRESS **10/3/0**
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME **DPVS**
 STREET ADDRESS **Mowers, Michael C**
 CITY - ST - ZIP **3714 CR 561
 Tavares, FL 32778**

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **Mowers, Michael C.**
 CITY - ST - ZIP **3714 CR 561
 Tavares, FL 32778**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Mowers, Christina**
 CITY - ST - ZIP **3714 CR 561
 Tavares, FL 32778**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Baughman, Jonas B**
 CITY - ST - ZIP **3714 CR 561
 Tavares, FL 32778**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* **DPVS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06

Date

Daytime Phone #

267-39-4243