

# 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000009815

FILED  
Oct 08, 2013  
Secretary of State

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

**Current Principal Place of Business:**

3714 CR 561  
TAVARES, FL 32778

**New Principal Place of Business:**

15841 OLD US HWY 441  
TAVARES, FL 32778

**Current Mailing Address:**

3714 CR 561  
TAVARES, FL 32778

**New Mailing Address:**

15841 OLD US HWY 441  
TAVARES, FL 32778

FEI Number: 20-5745953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MOWERS, MICHAEL C  
3714 CR 561  
TAVARES, FL 32778 US

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

MOWERS, MICHAEL C  
15841 OLD US HWY 441  
TAVARES, FL 32778 US

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 MOWERS

10/08/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPVS  
Name: MOWERS, MICHAEL C  
Address: 15841 OLD US HWY 441  
City-St-Zip: TAVARES, FL 32778

Title: T  
Name: MOWERS, MICHAEL C  
Address: 1526 FAHNSTOCK ST  
City-St-Zip: EUSTIS, FL 32726

Title: D  
Name: MOWERS, CHRISTINA D  
Address: 1526 FAHNSTOCK ST  
City-St-Zip: EUSTIS, FL 32726

Title: D  
Name: BAUGHMAN, JONAS B  
Address: 1937 MAPLE CIRCLE  
City-St-Zip: TAVARES, FL 32778

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL MOWERS

MNGR

10/08/2013

Electronic Signature of Signing Officer or Director

Date