

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90118 031 ****61.25

DOCUMENT # N05000010483 1. Entity Name LAKE MARY CITY CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 500 NORTH MAITLAND AVENUE SUITE 101 MAITLAND, FL 32751			Mailing Address 500 NORTH MAITLAND AVENUE SUITE 101 MAITLAND, FL 32751		
2. Principal Place of Business - No P.O. Box # 2500 WEST LAKE MARY BLVD.		3. Mailing Address 720 EAST COLONIAL DRIVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State LAKE MARY, FL		City & State ORLANDO, FL		4. FEI Number NOT APPLICABLE	
Zip 32746		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32803		Country US		6. Name and Address of Current Registered Agent MOORE, JONATHAN 2500 WEST LAKE MARY BLVD. SUITE 208 LAKE MARY, FL 32746	
7. Name and Address of New Registered Agent Name 		Street Address (P.O. Box Number is Not Acceptable) 720 EAST COLONIAL DRIVE			
City ORLANDO		State FL		Zip Code 32803	
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 <u><i>Jonathan Moore</i></u> Jonathan Moore <u>4/17/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State.					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT LANGFORD, ROBERT II 500 NORTH MAITLAND AVENUE #101 MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIFF, GERRY 500 NORTH MAITLAND AVENUE #101 MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POMBO, NANCY 1747 ALAQUA DRIVE LONGWOOD, FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALL, RICHARD 2500 WEST LAKE MARY BLVD., SUITE 219 LAKE MARY, FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T PARKER, LISA 830 ARBORMOOD PLACE LAKE MARY, FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Lisa Parker</i></u> Lisa Parker <u>4/18/2008</u> 407-782-2404 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					