

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 26, 2007 08:00 AM
Secretary of State**

DOCUMENT # N05000011284

1. Entity Name
**LWR TECHNOLOGY PARK CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**1335 SECOND STREET
SARASOTA, FL 34236**

Mailing Address

**1335 SECOND STREET
SARASOTA, FL 34236**



01122007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3856555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCH;PTTHAUER, WILLIAM G
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236**

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000648026
03/06/07-80096-007 61.25**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROSS, RICHARD E
STREET ADDRESS 1335 SECOND STREET
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VD
NAME HEMBREE, JOSEPH
STREET ADDRESS 1335 SECOND STREET
CITY-ST-ZIP SARASOTA, FL 34236

TITLE SD
NAME ROSE, STEVEN
STREET ADDRESS 1335 SECOND STREET
CITY-ST-ZIP SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Ross 2-9-07 941-951-1776

Date

Daytime Phone #