2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000296

FILED Apr 23, 2009 Secretary of State

Entity Name: LAKELAND EXCHANGE COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

14025 RIVEREDGE DRIVE, SUITE 550 13112 TELECOM DRIVE

TAMPA, FL 33637 TAMPA, FL 33637

Current Mailing Address: New Mailing Address:

14025 RIVEREDGE DRIVE, SUITE 550 13112 TELECOM DRIVE TAMPA, FL 33637 TAMPA, FL 33637

FEI Number: 35-2320861 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

SIMMONS, LINDA

14025 RIVEREDGE DRIVE, SUITE 550

TAMPA, FL 33637 US

SIMMONS, LINDA O
13112 TELECOM DR
TAMPA, FL 33637 US

TAMPA, FL 33637 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: LINDA O. SIMMONS 04/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DP () Delete Title: DP (X) Change () Addition

Name: SIMMONS, RANDY Name: SIMMONS, RANDY
Address: 14025 RIVEREDGE DRIVE, SUITE 550 Address: 13112 TELECOM DRIVE

City-St-Zip: TAMPA, FL 33637 City-St-Zip: TAMPA, FL 33637

Title: DV () Delete Title: DV (X) Change () Addition Name: SAMPSON, RUSS Name: CONGELIO, JAMES

 Address:
 4350 WEST CYPRESS, SUITE 300
 Address:
 1849 SEMINOLE RD

 City-St-Zip:
 TAMPA, FL 33607
 City-St-Zip:
 JACKSONVILLE, FL 32205

Title: DST () Delete Title: DST (X) Change () Addition

Name:SIMMONS, LINDAName:SIMMONS, LINDA OAddress:14025 RIVEREDGE DRIVE, SUITE 550Address:13112 TELECOM DRIVE

City-St-Zip: TAMPA, FL 33637 Address: 13112 Teleccompt

I hereby certify that the information supplied with this filing does not qualify 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: LINDA O. SIMMONS DST 04/23/2009