## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11855

FILED Apr 28, 2006 Secretary of State

Entity Name: LAKE LUCIEN EXECUTIVE CENTER, INC.

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

2479 ALOMA AVE 2479 ALOMA AVE

2479 ALOMA AVE WINTER PARK, FL 32792 US

WINTER PARK, FL 32792 US

**New Mailing Address: Current Mailing Address:** 

P O BOX 1748 P O BOX 1748

2479 ALOMA AVE WINTER PARK, FL 32790 US

WINTER PARK, FL 32790 US

FEI Number: 59-2765278 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GARDNER, JOSEPH J 2479 ALOMA AVE

WINTER PARK, FL 32792 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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete GARDNER, JOSEPH J. GARDNER, CHRISTOPHER J Name: Name: 2479 ALOMA AVE Address: 2479 ALOMA AVE Address:

City-St-Zip: WINTER PARK, FL City-St-Zip: WINTER PARK, FL 32792

Title: Title: ( ) Delete () Change () Addition

RUSSELL, RICHARD F, Name: Name: Address: ONE AMERICAN ROW Address: City-St-Zip: HARTFORD, CT City-St-Zip:

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

BLAKELY, EUGENE C, Name: BLAKELY, EUGENE C, Name: 2201 LUCIEN WAY Address: Address: 2201 LUCIEN WAY City-St-Zip: MAITLAND, FL City-St-Zip: MAITLAND, FL 32751

() Change () Addition Title: ( ) Delete Title:

Name: JUSTICE, ALBERT N. Name: Address: 19329 US 19 N #100 Address: City-St-Zip: CLEARWATER, FL City-St-Zip:

Title: () Delete Title: () Change () Addition

DEAN, DENNIS, Name: Name: 600 CLEVELAND ST #900 Address: Address: City-St-Zip: CLEARWATER, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER GARDNER Ρ 04/28/2006