

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N16302

1. Entity Name
LAKE MARY COMMERCE CENTER ASSOCIATION, INC.



Principal Place of Business
**C/O FRANKHAM, JOSEPHINE S.
109 COMMERCE STREET, STE 1101
LAKE MARY, FL 32746 US**

Mailing Address
**C/O FRANKHAM, JOSEPHINE S.
109 COMMERCE STREET, STE 1101
LAKE MARY, FL 32746 US**



04022004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-2869630 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**FRANKHAM, JOSEPHINE S
109 COMMERCE ST #1101
LAKE MARY, FL 32746**

**DO NOT WRITE
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, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees.

**000000105733
04/07/04-80037-012 61.25**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD DELLO RUSSO, ROBERT G. 109 COMMERCE ST. LAKE MARY, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VSD FRANKHAM, JOSEPHINE 109 COMMERCE ST LAKE MARY, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ADHAV, NALINI 1398 BRISTOL PARK PLACE HEATHROW, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D LATHAN, LOUISE D. 106 COMMERCE ST #105 LAKE MARY, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D EIFLER, LENHARD N. 4403 VINELAND RD #B-10 ORLANDO, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #