


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90426 014 ****61.25

DOCUMENT # N16302 1. Entity Name LAKE MARY COMMERCE CENTER ASSOCIATION, INC.	
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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
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04282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2869630	Applied For 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
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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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

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 # _____