

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19221

FILED
Feb 10, 2009
Secretary of State

Entity Name: LEMON BAY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

900 E PINE STR
SUITE 126
ENGLEWOOD, FL 34223 US

Current Mailing Address:

C/O ANTARES GROUP INC
4195 S TAMIAMI TL #173
VENICE, FL 34293 US

New Principal Place of Business:

900 E. PINE STREET
SUITE 126
ENGLEWOOD, FL 34223 US

New Mailing Address:

C/O ANTARES GROUP, INC.
4195 S. TAMIAMI TRAIL, PMB #173
VENICE, FL 34293 US

FEI Number: 65-0014452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTARES GROUP, INC
4195 S TAMIAMI TL
PMB #173
VENICE, FL 34293 US

Name and Address of New Registered Agent:

ANTARES GROUP, INC.
4195 S. TAMIAMI TRL.
PMB #173
VENICE, FL 34293 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: CYNTHIA A. KRUMENAKER

02/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: COLE, JOHN
Address: 900 E PINE ST, STE 225
City-St-Zip: ENGLEWOOD, FL 34223

Title: STD () Delete
Name: FLISCHEL, RAY
Address: 900 E. PINE ST., STE 126
City-St-Zip: ENGLEWOOD, FL 34223

Title: P () Delete
Name: MURTHA, THOMAS
Address: 900 PINE ST STE 126
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MURTHA, THOMAS
Address: 4195 S. TAMIAMI TR., PMB #173
City-St-Zip: VENICE, FL 34293

Title: VPD (X) Change () Addition
Name: KIMBALL, MICHAEL
Address: 4195 S. TAMIAMI TR., PMB #173
City-St-Zip: VENICE, FL 34293

Title: ST/D (X) Change () Addition
Name: COLE, JOHN
Address: 4195 S. TAMIAMI TR., PMB #173
City-St-Zip: VENICE, FL 34293

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: CYNTHIA A. KRUMENAKER

MGR

02/10/2009

Electronic Signature of Signing Officer or Director

Date