

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

FILED

**Jan 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # N22664

1. Entity Name
**LAKE SEMINOLE SQUARE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**8333 SEMINOLE BOULEVARD
SEMINOLE, FL 33772**

Mailing Address
**8333 SEMINOLE BOULEVARD
SEMINOLE, FL 33772**



01042005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**D & B CORPORATE SERVICES, INC.
5999 CENTRAL AVENUE #202
SAINT PETERSBURG, FL 33710**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MACKEY, MARY
STREET ADDRESS 8333 SEMINOLE BLVD
CITY - ST - ZIP SEMINOLE, FL

TITLE VD
NAME MENTZER, BOB
STREET ADDRESS 8333 SEMINOLE BLVD
CITY - ST - ZIP SEMINOLE, FL

TITLE TSD
NAME SCHROEDER, JEFFREY T
STREET ADDRESS 8333 SEMINOLE BLVD
CITY - ST - ZIP SEMINOLE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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01/20/05-80010-002 61.25

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

Mary O. Mackey **Mary O. Mackey**

1-5-05

721-391-5278 x112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #