

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 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**

**DO NOT WRITE IN THIS SPACE**



01042006 No Chg-NP

CR2E037 (11/05)

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, 2006**

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 MACKEY, MARY 8333 SEMINOLE BLVD SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MENTZER, BOB 8333 SEMINOLE BLVD SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SCHROEDER, JEFFREY T 8333 SEMINOLE BLVD SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemptions contained 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 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 addendum with an address, with all other like empowered.

SIGNATURE: Mary O. Mackey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary O. Mackey 1-17-06  
Date

727-391-528  
Daytime Phone # Ext. 12