2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N22664

Entity Name: LAKE SEMINOLE SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8333 SEMINOLE BOULEVARD
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

8333 SEMINOLE BOULEVARD
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MACKEY, MARY
Address: 8333 SEMINOLE BLVD
City-St-Zip: SEMINOLE, FL

Title: VD ( ) Delete
Name: MENTZER, BOB
Address: 8333 SEMINOLE BLVD
City-St-Zip: SEMINOLE, FL

Title: TSD ( ) Delete
Name: SCHROEDER, JEFFREY T
Address: 8333 SEMINOLE BLVD
City-St-Zip: SEMINOLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MACKEY, MARY
Address: 8333 SEMINOLE BLVD
City-St-Zip: SEMINOLE, FL 33772

Title: VD (X) Change ( ) Addition
Name: MENTZER, BOB
Address: 8333 SEMINOLE BLVD
City-St-Zip: SEMINOLE, FL 33772

Title: TSD (X) Change ( ) Addition
Name: SCHROEDER, JEFFREY T
Address: 8333 SEMINOLE BLVD
City-St-Zip: SEMINOLE, FL 33772

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: JEFFREY T. SCHROEDER TSD 04/14/2009

Electronic Signature of Signing Officer or Director — Date