

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000000897

FILED
Apr 21, 2003
Secretary of State

Entity Name: LEWIS CIRCLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

276 LEWIS CIRCLE
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

276 LEWIS CIRCLE
PUNTA GORDA, FL 33950

New Mailing Address:

197 TARPON COVE BLVD #622
PUNTA GORDA, FL 33950

FEI Number: 65-0581525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEESLING, KLINTON
276 LEWIS CIRCLE
UNIT 111
PUNTA GORDA, FL 33950 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: DP () Delete
Name: KEESLING, KLINTON
Address: 276 LEWIS CIRCLE, UNIT 111
City-St-Zip: PUNTA GORDA, FL 33950

Title: DVST () Delete
Name: ZECKER, TERRY
Address: 276 LEWIS CIRCLE, UNIT 111
City-St-Zip: PUNTA GORDA, FL

Title: DV () Delete
Name: HATCH, JOHN
Address: 1684 BLUE LAKE CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KEESLING, KLINTON
Address: 197 TARPON COVE BLVD #622
City-St-Zip: PUNTA GORDA, FL 33950

Title: DVST (X) Change () Addition
Name: SIMPSON, WILLIAM
Address: 276 LEWIS CIRCLE, UNIT 112
City-St-Zip: PUNTA GORDA, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KLINTON KEESLING

DP

04/21/2003

Electronic Signature of Signing Officer or Director

_____ Date