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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N9700005685

1. Corporation Name

LEESBURG COMMERCE CENTER CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business 120 N. NORTH BOULEYARD 125 SWOOPE AVENUE 327 SWOOPE AVENUE 328 SURE, Apt. #, etc. 229 Suite, Apt. #, etc. 221 City & State 220 Country 230 Country 240 Country 250 Country 261 Suite, Apt. #, etc. 271 Suite, Apt. #, etc. 272 Country 283 Suite, Apt. #, etc. 284 City & State 285 SwoOPE Avenue 287 Country 380 Coun										
STE 108 MATLAND R. 32751 US 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 10/08/1997 3. Date Incorporated or Qualified 1	Principal Place of Business Mailing Address						1			
Sulfa, Apt. #, etc.	1300 W. NORTH BOULEVARD LEESBURG FL 34748 125 S SWOOPE AVENUE STE 103 MAITLAND FL 32751									
Suite, Apt. F., etc. Suite, Apt. F., etc. Suite, Apt. F., etc. Suite, Apt. F., etc. Sys.48467722 Sh.Applied For Sys.3467722 Sh.Applied For Sys.346772 Sh.Applied For Sys.							1			
City & State 23		t. #, etc.							Ap	plied For
Zip	22		27				59-3467722			
Zip Country Zip Zi		ate	⊢ ¬				5. Certificate of Status Desired			
3. Name and Address of Gurrent Registered Agent SCHIEFERDECKER, HOWARD A 125 S SWOOPE AVENUE, STE 103 MATHAND FL 32751 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change of the submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change of the submits in the state of the submits in the state of Florida. Such change of the submits in the state of Florida. Such change of the submits in the state of the submits in the state of Florida. Such change of the submits in the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change of the submits in the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change of the submits in the statement for the purpose of changing its registered agent		Country		Cou	ntry		6 Clastica Compains Singnoins			
9. Name and Address of Current Registered Agent SCHIEFERDECKER, HOWARD A 125 S SWOOPE AVENUE, STE 103 MATILAND FL 32751 11. Pursuant to the provisions of Sections 517.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, and familiar with, and accept the obligations of the purpose of change in the purpose of changing like registered agent, or both in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent agent and accept the appointment agent agent and accept the appointment agent agen		r— · · /	<u>├</u> '		iiu y					•
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12. Support and forming with and accept the chigations of, Section 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent with, and accept the chigations of, Section 617.0502. Florida Statutes. SIGNATURE	SCHIEFERDECKER HOWARD A				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
MATLAND FL 32751 83						Ou bot 7 iqui				
TILE PD	•				83					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, Typed of privated name of registered agent and state if applicable.						City			85 Zip (Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503. Floridas Statutes. SIGNATURE 12.						<u></u> _			<u> </u>	
TITLE	SIGNATURI	Signature, typed or printed name of registered age			Agen	nt signature require				
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

SIGNATURE SEGUIRED

2/10/55 (40) 545-2275

FILED

03-13-1999 90002 004 ***361.25

Mar 13, 1999 8:00 am Secretary of State

R2E037 (11/98)