

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90046 040 ****61.25

DOCUMENT # N97000005685

1. Entity Name

**LEESBURG COMMERCE CENTER CONDOMINIUM OWNERS
ASSOCIATION, INC.**



Principal Place of Business

**1300 W. NORTH BOULEVARD
LEESBURG FL 34748**

Mailing Address

**PO BOX 940877
MAITLAND FL 32794-0877
US**

2. Principal Place of Business

3. Mailing Address

1300 W. NORTH Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LEESBURG FL

Zip

Country

Zip

Country

34748

US.

4. FEI Number

59-3467722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIZZARO, THOMAS D
1300 W NORTH BLVD
LEESBURG FL 34748**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VPSD** ☐ Delete
NAME **MAGUIRE, RAYMER F III**
STREET ADDRESS **200 E. ROBINSON ST. #1250**
CITY-ST-ZIP **ORLANDO FL**

TITLE **TD** ☐ Delete
NAME **GRIZZARD, THOMAS D**
STREET ADDRESS **1300 W. NORTH BOULEVARD**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D** ☐ Delete
NAME **BEVAN, JAMES M**
STREET ADDRESS **1300 W. NORTH BLVD.**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D** ☐ Delete
NAME **SINGER, STEVEN**
STREET ADDRESS **411 N 14TH ST STE 100**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D** ☐ Delete
NAME **DAMRON, KURT**
STREET ADDRESS **411 N 14TH ST STE 180**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☒ Change ☐ Addition
NAME **Reyes, Antonio**
STREET ADDRESS **2600 Westside Drive**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **President, Treasurer, Director** ☒ Change ☐ Addition
NAME **GRIZZARD, THOMAS D.**
STREET ADDRESS **1300 W. North Blvd**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director/Secretary** ☒ Change ☐ Addition
NAME **Singer, PAT**
STREET ADDRESS **411 N. 14th St. Ste 100**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **Director** ☒ Change ☐ Addition
NAME **BARBER, JACK**
STREET ADDRESS **P.O. Box 494000**
CITY-ST-ZIP **LEESBURG FL 34749**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/03/04

352-787-0590