

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005685

FILED
Apr 24, 2006
Secretary of State

Entity Name: LEESBURG COMMERCE CENTER CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1300 W. NORTH BOULEVARD
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

1300 W. NORTH BOULEVARD
LEESBURG, FL 34748 US

New Mailing Address:

FEI Number: 59-3467722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GRIZZARO, THOMAS N
1300 W NORTH BLVD
LEESBURG, FL 34748 US

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: THOMAS N GRIZZARD

04/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REYES, ANTONIO
Address: 2600 WESTSIDE DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: PTD () Delete
Name: GRIZZARD, THOMAS D
Address: 1300 W. NORTH BOULEVARD
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: BEVAN, JAMES M
Address: 1300 W. NORTH BLVD.
City-St-Zip: LEESBURG, FL 34748

Title: DS () Delete
Name: SINGER, PAT
Address: 411 N 14TH ST STE 100
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: BARBER, JACK
Address: PO BOX 494000
City-St-Zip: LEESBURG, FL 34749

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: GRIZZARD, THOMAS N
Address: 1300 W. NORTH BOULEVARD
City-St-Zip: LEESBURG, FL 34748

Title: D (X) Change () Addition
Name: GRIZZARD, LINDA K
Address: 1300 W. NORTH BLVD.
City-St-Zip: LEESBURG, FL 34748

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

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 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: THOMAS N. GRIZZARD

PD

04/24/2006

Electronic Signature of Signing Officer or Director

Date