

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

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



03022007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYES, ANTONIO 2600 WESTSIDE DRIVE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIZZARD, THOMAS N 1300 W. NORTH BOULEVARD LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIZZARD, LINDA K 1300 W. NORTH BLVD. LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SINGER, PAT 411 N 14TH ST STE 100 LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, JACK PO BOX 494000 LEESBURG, FL 34749
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000666393  
03/23/07-80067-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

**3-10-07**

Date

**352-787-6966**

Daytime Phone #