

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

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90331 041 ****70.00

DOCUMENT # N97000006598

1. Entity Name

**LAKEWOOD RANCH TOWN CENTER OFFICE PARK
ASSOCIATION, INC.**



Principal Place of Business

**6215 LORRAINE ROAD
BRADENTON FL 34202**

Mailing Address

**6215 LORRAINE ROAD
BRADENTON FL 34202**

14001310



MOORE CR2E037 (11/03)

2. Principal Place of Business

**6310 LAKEWOOD RANCH
BLVD.**

3. Mailing Address

**6310 LAKEWOOD RANCH
BLVD.**

City & State

BRADENTON, FL

Zip

34202

Country

City & State

BRADENTON, FL

Zip

34202

Country

4. FEI Number

65-0812807

Applied For

Not Applicable

5. Certificate of Status Desired

**X \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHIOFALO, ANTHONY J
6215 LORRAINE ROAD
BRADENTON FL 34202**

7. Name and Address of New Registered Agent

Name **JORGE AMADIO**

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

6310 LAKEWOOD RANCH BLVD

City **BRADENTON**

FL

Zip Code **34202**

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 **Jorge Amadio**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/04

**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	DP	<input checked="" type="checkbox"/> Delete
NAME	SWART, JOHN	
STREET ADDRESS	6215 LORRAINE ROAD	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	DVST	<input checked="" type="checkbox"/> Delete
NAME	CHIOFALO, ANTHONY J	
STREET ADDRESS	6215 LORRAINE ROAD	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WEBER, BOB	
STREET ADDRESS	6215 LORRAINE ROAD	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, TIM	
STREET ADDRESS	6215 LORRAINE ROAD	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEM SHARP	
STREET ADDRESS	6310 LAKEWOOD RANCH BLVD.	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW MARCUS	
STREET ADDRESS	6310 LAKEWOOD RANCH BLVD	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIT KEARNEY	
STREET ADDRESS	6310 LAKEWOOD RANCH BLVD.	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **LEM SHARP, PRES.** 941-727-7770
Date **3/23/04** Daytime Phone #