


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90025 029 ***150.00

DOCUMENT # P96000035512					
1. Entity Name LAKE LINDA CIRCLE DEVELOPMENT CORPORATION					
Principal Place of Business 2036 LAKE LINDA CIR LUTZ, FL 33549 US			Mailing Address 2036 LAKE LINDA CIR LUTZ, FL 33558 US		
2. Principal Place of Business		3. Mailing Address 2036 Lake Linda Cir Lutz, FL			
Suite, Apt. #, etc.		Suite, Apt. #, etc. LUTZ, FL			
City & State		City & State 33558			
Zip	Country	Zip	Country	U.S.	
6. Name and Address of Current Registered Agent OLESKI, RONALD 2036 LAKE LINDA CIR LUTZ, FL 33549				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WNVKIEWICZ, STAN 2036 LAKE LINDA CIR LUTZ, FL 33558	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERRNSTEEN, ROGER 2036 LAKE LINDA CIRCLE LUTZ, FL 33558	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Helen L. Forte 2036 Lake Linda Cir LUTZ, FL 33558 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEUY, RICHARD 2036 LAKE LINDA CIRCLE LUTZ, FL 33558	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTACUZENE, ALEX 2036 LAKE LINDA CIRCLE LUTZ, FL 33558	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNE KREZEN 2036 Lake Linda Cir LUTZ, FL 33558 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMITZ, LARRY 2036 LAKE LINDA CIR LUTZ, FL 33558	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Alex Cantacuzene 2036 Lake Linda Cir LUTZ, FL 33558 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, 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: Helen L. Forte Helen L. Forte/Treasurer 2/9/05 2075					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					