

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000093628**

1. Entity Name  
G.P. LANTANA SQUARE SHOPPING CENTER, INC.



Principal Place of Business  
C/O SOUTHEAST PROPERTIES  
1645 SE 3RD COURT, SUITE 200  
DEERFIELD BEACH, FL 33341 US

Mailing Address  
C/O SOUTHEAST PROPERTIES  
1645 SE 3RD COURT, SUITE 200  
DEERFIELD BEACH, FL 33341 US



03062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0790697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

GEISERMAN, MARC J  
1645 SE 3RD CT  
STE 200  
DEERFIELD BEACH, FL 33341

**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)

11000000913757

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

05/08/08-80028-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GEISERMAN, MARC J 1645 SE 3RD CT STE 200 DEERFIELD BEACH, FL 33341
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD GEISERMAN, ROBERT 1645 SE 3RD CT STE 200 DEERFIELD BEACH, FL 33341
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/08

Date

954.420.1001

Daytime Phone #