

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16134

**Entity Name:** LAKELAND INTERSTATE BUSINESS PARK ASSOCIATION, INC.

**FILED**  
**Apr 08, 2024**  
**Secretary of State**  
**6926711757CC**

**Current Principal Place of Business:**

C/O DEAKIN PROPERTY SERVICES  
2905 BAYSHORE BLVD SUITE 200  
TAMPA, FL 33629

**Current Mailing Address:**

C/O DEAKIN PROPERTY SERVICES  
2905 BAYSHORE BLVD SUITE 200  
TAMPA, FL 33629 US

**FEI Number: 59-2880471**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DEAKIN, GEORGE  
C/O DEAKIN PROPERTY SERVICES  
2905 BAYSHORE BLVD SUITE 200  
TAMPA, FL 33629 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR, TREASURER  
Name           WEBER, PETE  
Address        2727 INTERSTATE DRIVE  
City-State-Zip: LAKELAND FL 33805

Title           VPD  
Name           MEHR, SCOTT  
Address        2400 INTERSTATE DR  
City-State-Zip: LAKELAND FL 33805

Title           DIRECTOR, PRESIDENT  
Name           KROHN, MARC  
Address        315 E ROBINSON ST, UNIT 425  
City-State-Zip: ORLANDO FL 32801

Title           SECRETARY  
Name           DEAKIN, BARBARA  
Address        2905 BAYSHORE BLVD  
                  SUITE 200  
City-State-Zip: TAMPA FL 33629

*I hereby 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 all other like empowered.*

**SIGNATURE: BARBARA DEAKIN**

**SECRETARY**

**04/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date