2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2008 8:00 am Secretary of State 02-07-2008 90013 039 ****61.25

1. Entity Name LAKE BE	MENT # N040000 RNADETTE PARCEL 15 ITION, INC AUTU	COMMUNITY			
Principal Place of Business		Mailing Address		40019386	•
4 3 Gunn Highway Tampa, FL 336 8		4131 Gunn Highway Tampa, FL 33618		 	JIT ABIN BOUR INNS BINS INDI OSTINDI BY INDI
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008 Chg-NP	CR2E037 (12/06)
City & State	9	City & State		4. FEI Number 20-1833288	Applied For Not Applicable
Zip 	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address of New I	Registered Agent
MEIROSE & FRISCIA, P.A. ATTN: FRANK FRISCIA -500 N WESTSHORE BLVD:, #830 TAMPA, FL 33609 TAMPA, FL 33609			Street Addre	Frank Friscia Meirose & Friscia 5550 W. Executive Dr., Ste 250 Tampa, FL 33609	
			City		FL Zip Code
	Signature, typed or printed name of registered a Filling Fee Is \$61.25 Due by May 1, 2008		Registered Agent signature require	ed when reinstating)	Orida. I am familiar with, and accept DATE Make check payable to rida Department of State
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 10-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TITUS, MICHAEL 4131 GUNN HIGHWAY TAMPA, FL 33618	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FLEMMING, JOHN 4131 GUNN HIGHWAY TAMPA, FL 33618	☐ Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HENDEL, FRED 4131 GUNN HIGHWAY TAMPA, FL 33618	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition —
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNO, JOAN 4131 GUNN HWY TAMPA, FL 33618	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	-	☐ Delete	TITLE	1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change - Addition
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12. I hereby indicated of the co-	certify that the information sumflied on this report or supplemental rep rporation or the receiver or trustee , or on an attachment with an actor	with this filling does not qualify for ords true and accurate and that erupowered to execute this seport- ass with all other like empowered.	r the exemptions containe ny signature shall have the as required by Chapter 6	ed in Chapter 119, Florida Statutes. e same legal effect as if made unde 17, Florida Statutes; and that my na	I further certify that the information roath; that I am an officer or director me appears in Block 10 or Block 11 if